MARIN HEALTHCARE DISTRICT

100-B Drake's Landing Road, Suite 250, Greenbrae, CA 94904 **Telephone: 415-464-2090** **Fax: 415-464-2094**
www.marinhealthcare.org info@marinhealthcare.org

TUESDAY, DECEMBER 10, 2019

6:00PM: CLOSED SESSION
6:30 PM: SPECIAL OPEN MEETING
7:00 PM: REGULAR OPEN MEETING

Board of Directors:
Chair: Jennifer Rienks, PhD
Vice Chair: Larry Bedard MD
Secretary: Brian Su, MD
Directors: Harris Simmonds, MD
Ann Sparkman, JD

Location:
Marin General Hospital
Conference Center
250 Bon Air Road
Greenbrae, CA 94904

Staff:
Lee Domanico, CEO
Colin Coffey, District Counsel
Louis Weiner, Executive Assistant

AGENDA Tab #

6:00 PM: CLOSED SESSION

1. Call to Order and Roll Call — Rienks
2. General Public Comment — Rienks
   Any member of the audience may make statements regarding any items on the agenda. Statements are limited to a maximum of three (3) minutes. Please state and spell your name if you wish it to be recorded in the minutes.
3. Closed Session
   a. Approval of minutes of previous Closed Session (5/14/19) (action) — Rienks
   b. Discussion involving personnel matter — Domanico
4. Adjournment of Closed Session — Rienks

6:30 PM: SPECIAL OPEN MEETING / BOARD STUDY SESSION

1. Call to Order and Roll Call — Rienks
2. General Public Comment — Rienks
   Any member of the audience may make statements regarding any items on the agenda. Statements are limited to a maximum of three (3) minutes. Please state and spell your name if you wish it to be recorded in the minutes.
3. Update on Hospital Replacement Project "MGH 2.0" — Coss — #1
4. Adjournment of Special Open Board Study Session — Rienks

7:00 PM: REGULAR MEETING

1. Call to Order and Roll Call — Rienks
2. General Public Comment — Rienks
   Any member of the audience may make statements regarding any items NOT on the agenda. Statements are limited to a maximum of three (3) minutes. Please state and spell your name if you wish it to be recorded in the minutes.

A copy of the agenda for the Regular Meeting will be posted and distributed at least 72 hours prior to the meeting.
In compliance with the Americans with Disabilities Act, if you require accommodations to participate in a District meeting please contact the District office at 415-464-2090 (voice) or 415-464-2094 (fax) at least 48 hours prior to the meeting.
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TUESDAY, DECEMBER 10, 2019

6:00PM: CLOSED SESSION
6:30 PM: SPECIAL OPEN MEETING
7:00 PM: REGULAR OPEN MEETING

3. Election of Marin Healthcare District Board Officers for 2020 (action)	Rienks	#2
4. Approval of Agenda (action)	Rienks	
5. Approval of Minutes of the Regular Meeting of Nov. 12, 2019 (action)	Rienks	#3
6. MHD Resolution #2019-01: Termination of MHD-CalPERS Contract (action)	Lang	#4
7. Review and Approve Additional Funding for MHMC Behavioral Health Program (action)	Friedenberg	#5
8. Review MHMC Q2 2019 Performance Metrics and Core Services Report	Friedenberg	#6
a. Approve Committee to Review Disclosure Report (action)	Rienks	
9. Amazon to Reuse Boxes Initiative (action)	Rienks	#7
10. Committee Meeting Reports		
a. Finance & Audit Committee (did not meet)	Simmonds	
b. Lease & Building Committee (met Nov. 20)	Sparkman	
c. Ad Hoc Task Force on Policies and Procedures	Sparkman	
11. Reports		
a. District CEO's Report	Domanico	
b. Hospital CEO's Report	Domanico	
c. Chair's Report	Rienks	
d. Board Members' Reports	All	
12. Agenda Items Suggested for Future Meetings	All	
13. Adjournment of Regular Meeting	Rienks	

Next Regular Meeting: Tuesday, January 14, 2020, 7:00 p.m.

A copy of the agenda for the Regular Meeting will be posted and distributed at least 72 hours prior to the meeting.
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Tab 1

MGH 2.0

District Board

Status Report

December 10, 2019

Agenda

- Safety
- Status Report
- Staff & Stock / Substantial Completion
- McCarthy’s Action Item Plan to Complete
- West Wing Addition
- Questions

Construction Safety

Project	Total Work Hours	Lost Time Incidents
MGH 2.0 – Hospital Replacement Building	885,000 Hours	4 Incidents
Total:	**885,000 Hours**	**4 Incidents**

Status Report - Schedule Milestones

Schedule				
Risk	**Description**			
	Staff and Stock /Substantial Completion - January 2020			
	Ceiling Design			
	Building Permanent Power			
Construction Schedule - Nov. 01, 2019 Update (Revised Recovery Plan - In Progress)				
Risk	**Activity**	**Target**	**Actual**	**Comments**
	Permanent Power to Building	09/20/19	09/20/19	
	Main Roof Complete	09/30/19	09/30/19	
	Begin Punchlist - Interior	12/02/19		
	Exterior Metal Panels & Curtain Wall Complete	11/01/19		
	Start Air Balance Testing	01/15/20		
	Service Elevators Complete	11/11/19		
	Begin Fire Alarm Testing (Contractor QC)	11/22/19		
	Interior Finishes (substantially) complete	12/09/19		
	Exterior Sunshades Complete (BM - 80%)	12/31/19		

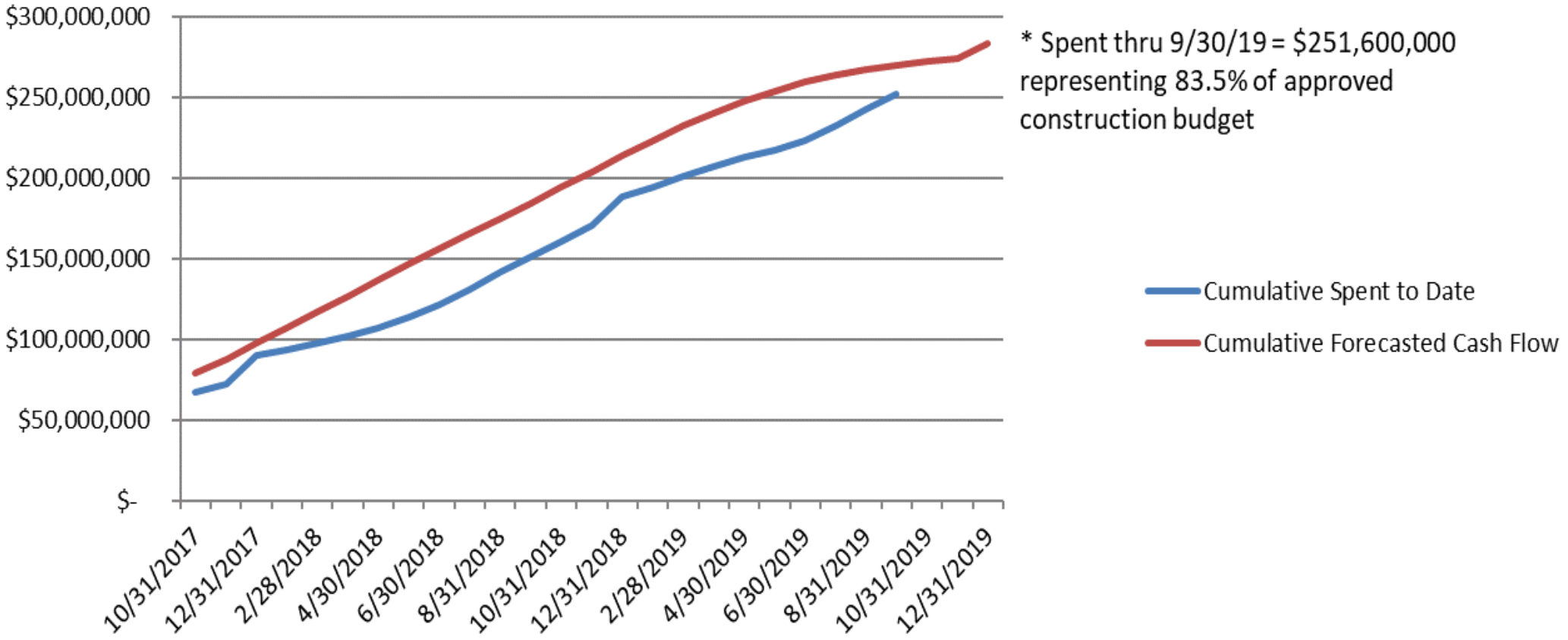
Status Report - Schedule Milestones

Weather / Rain Bank				
Risk	**Activity**	**Approved**	**Used to Date**	**Comments**
	Weather Days	57	57	
	PG&E Power Shutdown			To Be Determined
Upcoming Activites - Construction				
Risk	**Activity**	**Target**	**Actual**	**Comments**
	West Wing Addition - Construction Start	Jan. 2020		
	Staff and Stock / Substantial Completion	Nov/Dec 2019		
	Site Work - O2 Yard Complete	Feb 2020		
	First Patient	Jun/July 2020		
Schedule Impact				
Risk	**Activity**	**Comments**		
	Increment 3 - Shoring Schedule Delay	1.5 month delay		
	Increment 4 - Steel	1 month delay		
	Increment 5 - Interior	2 week delay		
	Steel Issue	Schuff Steel Impact		

Status Report – Project Risk

Project Risk - Issues		
Risk	**Item**	**Status**
	Elevators - Otis Completion	In Progress
	Critical Path - Longest Path	Ceiling and Building Permanent Power
	Fire Alarm Completion	Critical for Staff and Stock / Substantial Completion
	OSHPD Substantial Completion Sign-Off: Nov -Dec	Moved to January 2020
	Completion of Acoustical Ceilings - 90% Complete Approval	Various OSHPD ACDs pending Design Completion

Status Report – Construction Contract Cash Flow – Sept 2019



Status Report - Contingency, Owner Changes & Project Budget

Contingency

Owner			Construction		
Contingency at Start of Construction (A) =	$	20,300,000	Contingency at Start of Construction =		12,454,268
Total Owner Changes (Pending + Final) (B) =	$	7,690,000	% of Contingency Items (Pending+Final) =		100.0%
Total Contingency Remaining (A - B) =	**$**	**12,610,000**	Total Contingency Remaining =		-

Owner Changes

	Owner Change Order # - Description	**Cost ($)**	**Status: Pending (P) Final (F)**
	Approved Owner Changes (1-11)	**7,690,000**	**F**
	Pending ()	**0**	**P**
	Total =	**7,690,000**	

Project Budget

Risk		Approved Budget	Forecast
	MGH 2.0 Project Budget Total	**439,736,000**	**439,736,000**

Project Schedule

Risk		Approved Schedule	Forecast
	MGH 2.0 Project Hospital Ready for Licensing	**January 2020**	**February 2020**
	MGH 2.0 Project Hospital First Patient	**June 2020**	**June 2020**

MGH 2.0 New HRB Project Status Report

MGH 2.0 For Marin's Good Health

MGH 2.0 New Hospital Replacement (HRB) Project Status Report
Submitted By The Design Build Team

November 2019

Schedule

Risk	Description
	Staff and Stock /Substantial Completion - January 2020
	Ceiling Design
	Building Permanent Power

Construction Schedule - Nov. 01, 2019 Update (Revised Recovery Plan - In Progress)

Risk	Activity	Target	Actual	Comments
	Permanent Power to Building	09/20/19	09/20/19	
	Main Roof Complete	09/30/19	09/30/19	
	Begin Punchlist - Interior	12/02/19		
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	Exterior Sunshades Complete (BM - 80%)	12/31/19		

Weather / Rain Bank

Risk	Activity	Approved	Used to Date	Comments
	Weather Days	57	57	
	PG&E Power Shutdown			To Be Determined

Upcoming Activites - Construction

Risk	Activity	Target	Actual	Comments
	West Wing Addition - Construction Start	Jan. 2020		
	Staff and Stock / Substantial Completion	Nov/Dec 2019		
	Site Work - O2 Yard Complete	Feb 2020		
	First Patient	Jun/July 2020		

Schedule Impact

Risk	Activity	Comments
	Increment 3 - Shoring Schedule Delay	1.5 month delay
	Increment 4 - Steel	1 month delay
	Increment 5 - Interior	2 week delay
	Steel Issue	Schuff Steel Impact

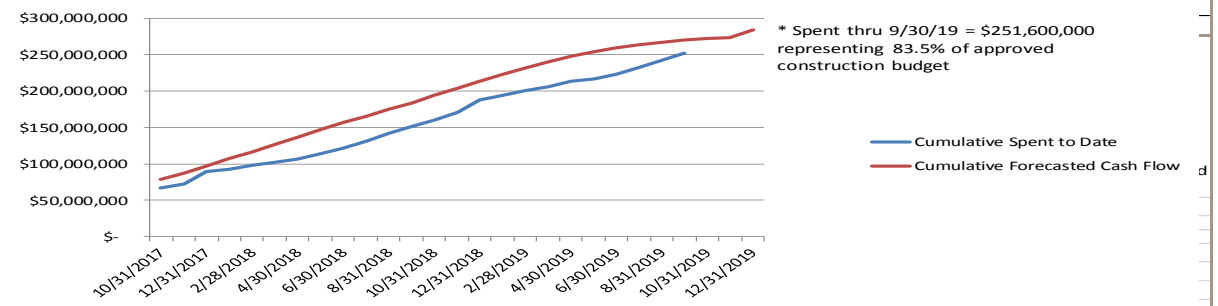
Risk Category

	Green	On Track
	Yellow	Medium Impact : Potential Risk / Unresolved
	Red	Critical or High Impact

Project Risk - Issues

Risk	Item	Status
	Elevators - Otis Completion	In Progress
	Critical Path - Longest Path	Ceiling and Building Permanent Power
	Fire Alarm Completion	Critical for Staff and Stock / Substantial Completion
	OSHPD Substantial Completion Sign-Off: Nov -Dec	Moved to January 2020
	Completion of Acoustical Ceilings - 90% Complete Approval	Various OSHPD ACDs pending Design Completion

Cash Flow - Construction



Contingency

Owner			Construction	
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Total Owner Changes (Pending + Final) (B) =	$	7,690,000	% of Contingency Items (Pending+Final) =	100.0%
Total Contingency Remaining (A - B) =	**$**	**12,610,000**	Total Contingency Remaining =	-

Owner Changes

Owner Change Order # - Description	Cost ($)	Status: Pending (P) Final (F)
Approved Owner Changes (1-11)	**7,690,000**	**F**
Pending ()	**0**	**P**
Total =	**7,690,000**	

Project Budget

Risk		Approved Budget	Forecast
	MGH 2.0 Project Budget Total	**439,736,000**	**439,736,000**

Project Schedule

Risk		Approved Schedule	Forecast
	MGH 2.0 Project Hospital Ready for Licensing	**January 2020**	**February 2020**
	MGH 2.0 Project Hospital First Patient	**June 2020**	**June 2020**

McCarthy's Action Plan to Complete Project

- McCarthy staffing increased from 21 FTE to 45 FTE over the last six months to support on site activities
- Three senior managers have been added to the project including McCarthy Regional VP
- Over the last six months a second shift has been added with one hundred FTE working on finishes
- Construction team has been working seven days a week
- McCarthy increased their laborers from 7 FTE to 25 FTE
- The total overall on-site labor count moved from 325 workers to 450

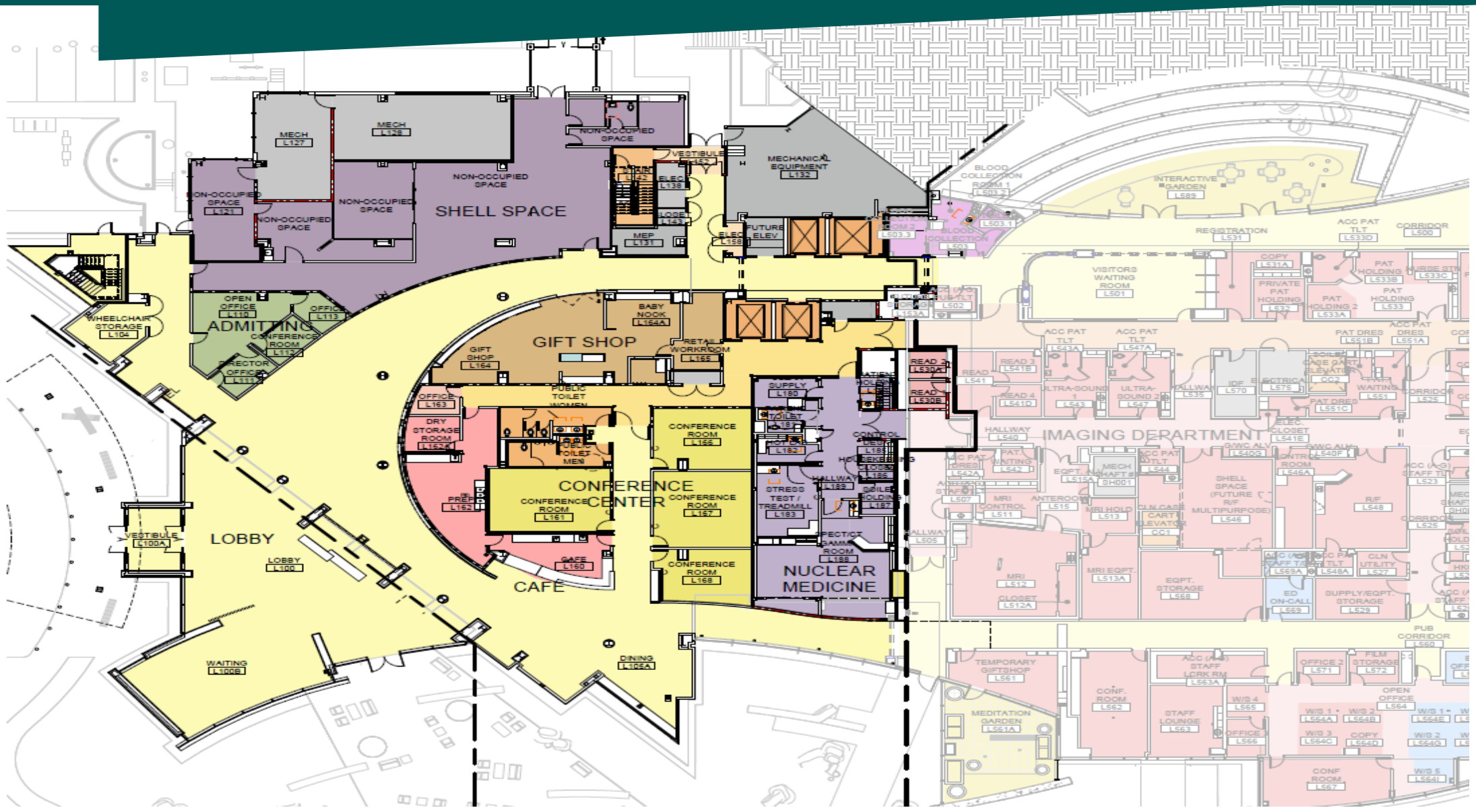
West Wing Lobby Addition & Renovation Project

Building Board Committee

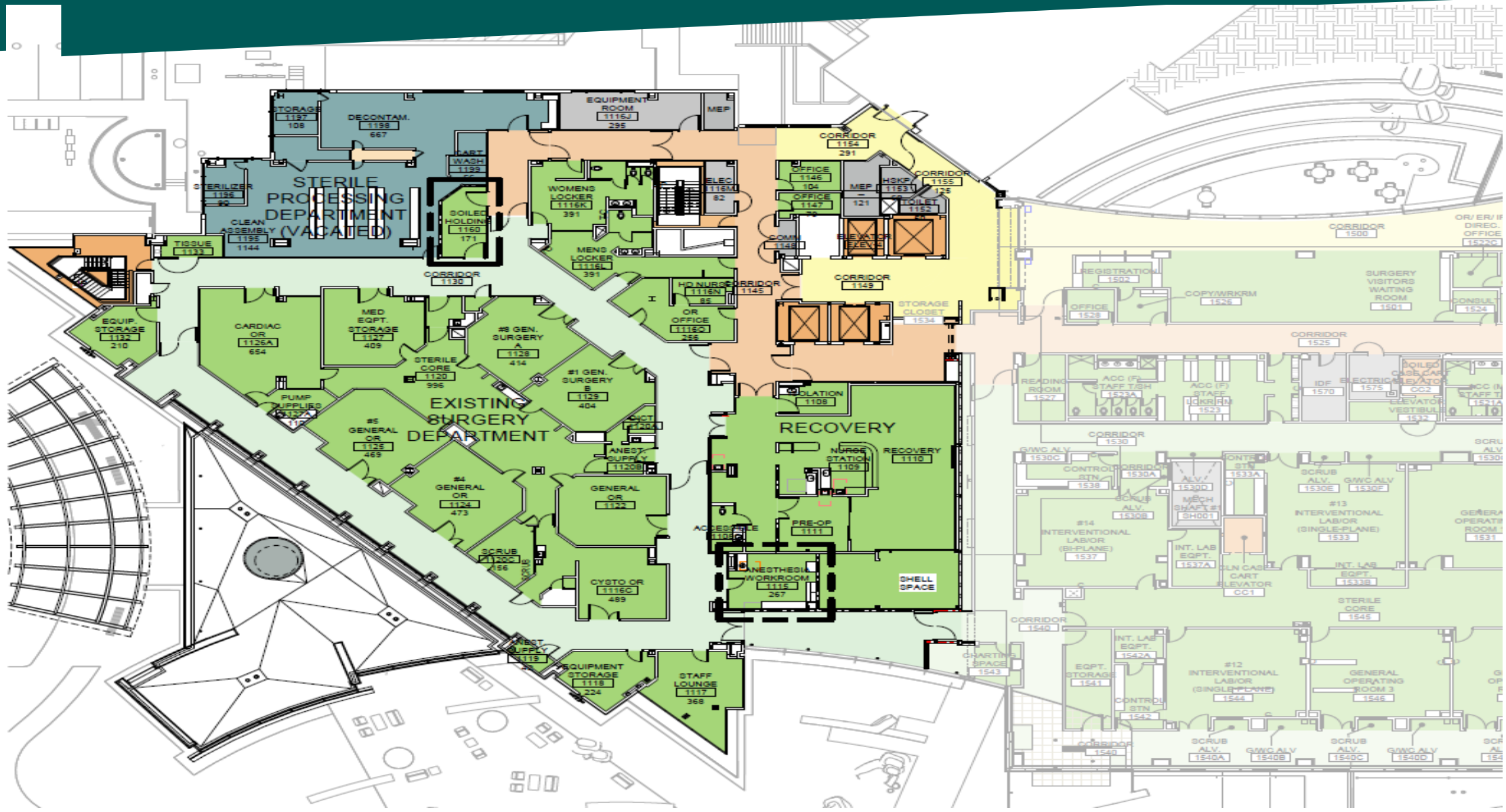
November 2019

Site Plan

Floor Plan – Lobby



Floor Plan – Level 1



Interiors Renderings

Interiors Renderings

Project Update – Schedule

Completed Milestones:

- Marin County Planning Approval (Design Review Board) – *July 22, 2019*
- OSHPD Submittal – *September 2019*
- Marin County Building & Public Works Permit Submittal – *September 2019*

Schedule:

- Site work phase – *February 2020 to July 2020*
- Construction Target – *July 2020 to June 2022*

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West Wing Addition Project – 11/11/19 BBC Meeting

San Francisco Bay Area Escalation – 37.1% Escalation from Q1 2015 to Q1 2019. The project budgeted 3% escalation per year from 2014 to 2021 for the West Wing Addition, total of 21%.

Year	Escalation	Published Source	Comments
2019	9.8%	TBD Bid Index[1]	Trending
2018	5.4%	TBD Bid Index[1]	Actual
2017	8.9%	TBD Bid Index[1]	Actual
2016	6.2%	TBD Bid Index[1]	Actual
2015	6.8%	TBD Bid Index[1]	Actual
Average	**7.4%**	TBD Bid Index[1]	Actual

TBD Bid Index Published Quarterly via www.tbdconsultants.com[1]

Project Cost Estimate – 5/14/18 BBC Meeting

Phase I Projects – MGH 2.0	April 2018
Hospital Replacement Project	$439,736,000*
West Wing Make Ready	$19,134,000*
Parking Garage – Bon Air	$217,000
Parking Garage – Hillside	$25,428,000**
Site Work	$4,498,000
West Wing – Lobby Addition, Ground Reno	$45,851,000*
West Wing - Surgery Support	Included Above
West Wing Level 2 – ICU to Med/Surg	$0
Total Project Cost Phase I:	**$534,864,000**
Possible Market Conditions – Add 1% of Construction	$8,735,000

* *From Site Budget*

***Final Garage Cost – Remaining Budget Transferred to West Wing Make Ready*

Project Cost Estimate – April 2018 vs. Current

West Wing Addition Project	Conceptual April 2018	Current Sept 2019	Variance
Construction Estimate	$32,276,000	$35,436,000	$3,160,000
Soft Cost Estimate	$13,575,000	$14,855,000	$1,280,000
Total Project Cost:	**$45,851,000**	**$50,291,000**	**$4,400,000**

West Wing Addition project requires an additional $4.4M in funding. Project Team recommends funding this $4.4M from the MGH 2.0 Owner Contingency (currently $12.6M).

Recommended Funding Option – MGH 2.0 Owner Contingency

Project	Current Sept 2019	Budget Transfer	Revised Sept 2019
MGH 2.0 Project – Owner Contingency	$12,610,000	($4,400,000)	$8,210,000
West Wing Project Budget	$45,851,000	$4,400,000	$50,251,000

Tab 2

Board of Directors

YEAR	CHAIR	VICE CHAIR	SECRETARY	DIRECTOR	DIRECTOR
2007	Jackson	Ramirez	Clever	Bedard	Rienks
2008	Jackson	Clever	Rienks	Bedard	Ramirez
2009	Bedard	Jackson	Rienks	Clever	Simmonds
2010	Bedard	Jackson	Rienks	Clever	Simmonds
2011	Clever	Rienks	Simmonds	Bedard	Jackson
2012	Rienks	Simmonds	Bedard	Clever	Sparkman
2013	Rienks	Simmonds	Bedard	Clever	Sparkman
2014	Bedard	Sparkman	Simmonds	Clever	Rienks
2015	Simmonds	Sparkman	Rienks	Bedard	Hershon
2016	Simmonds	Sparkman	Rienks	Bedard	Hershon
2017	Sparkman	Simmonds	Hershon	Bedard	Rienks
2018	Sparkman	Hershon	Rienks	Bedard	Simmonds
2019	Rienks	Bedard	Su	Simmonds	Sparkman
2020					
2021					

100B Drakes Landing Road, Suite 250
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Tab 3

MARIN HEALTHCARE DISTRICT
BOARD OF DIRECTORS

REGULAR MEETING

Tuesday, November 12, 2019 @ 7:00 pm
MarinHealth Medical Center (Marin General Hospital)
Conference Center

MINUTES

1. **Call to Order and Roll Call**
   Chair Rienks called the Regular Meeting to order at 7:00 pm.

   Board Members Present: Chair Jennifer Rienks; Vice Chair Larry Bedard, MD; Secretary Brian Su, MD; Director Harris Simmonds, MD; Director Ann Sparkman
   Staff Present: Jon Friedenberg, President & COO; Eric Brettner, CFO; Louis Weiner, Executive Assistant
   Staff Absent: Lee Domanico, CEO
   Counsel Present: Colin Coffey

2. **General Public Comment**
   There was no public comment.

3. **Approval of Agenda**
   Dr. Simmonds moved to approve the agenda as presented. Dr. Bedard seconded. **Vote: all ayes.**

4. **Approval of Minutes of Regular Meeting of October 15, 2019**
   Ms. Sparkman moved to approve the minutes as presented. Dr. Simmonds seconded. **Vote: Bedard, Su, Simmonds and Sparkman all voted aye. Ms. Rienks abstained, as she was absent from that meeting.**

5. **Second Reading of Revised Eleventh Restatement of Bylaws of Marin General Hospital, as recommended by MarinHealth Medical Center Board of Directors**
   Mr. Coffey commented. The MHMC Board of Directors reviewed and approved these revised Bylaws at their regular meeting on Sept. 3, 2019, and recommended them for approval by the MHD Board. This is the second of two required readings by the MHD Board, the first occurring at the October 15 regular meeting of this Board. The revisions reflect updating of certain details of dates and financial figures, specifics of the nominating process and new Board member appointment, staggering of Board members' terms, etc., and bringing some of the organizational wording from the 2010 transfer from Sutter Health into current practicality. Though "Marin General Hospital" has recently been re-branded to doing business as (dba) "MarinHealth Medical Center" the corporate name of "Marin General Hospital" remains and is the legal name used in this document.

Dr. Simmonds moved to approve these Bylaws as presented. Dr. Bedard seconded. **Vote: all ayes.**

6. Review of Amended Bylaws of Marin Healthcare District

Mr. Coffey commented. This is the second of two readings of the amended Bylaws, the first being at the regular meeting on Sept 10, 2019. Suggestions for changes made at that reading are here highlighted in yellow. Dates have been updated, "Robert's Rules of Order" has replaced "Sturgis," clarification made of a quorum at Standing Committee meetings, and the Lease & Building Committee is to handle logistics for the District-sponsored community health seminar series.

Dr. Simmonds moved to approve the amended Bylaws as presented. Ms. Sparkman seconded. **Vote: all ayes.**

7. Review of District Policies and Procedures

Ms. Rienks observed that the District's Policies and Procedures are in need of review and updating, and announced the formation of a Task Force for that purpose. **She asked Ms. Sparkman and Dr. Simmonds to serve as the Task Force, and they agreed.**

8. Funding for MHMC Behavioral Health Program

Ms. Rebecca Maxwell, Director of Behavioral Health, presented. Since 2016 MHD has contributed $200,000 per year for the hospital's clinical behavioral health program. The program has grown and needs extra funding to break even. An additional $225,000 will be requested of MHD over 4 years, comprising $100,000 in the first year, and lesser amounts in the subsequent years. This will allow for an increased number of patient encounters in the embedded primary care program, significantly increasing physician and social worker staffing. Dr. Heather Carlberg now sees patients only one-half day a week at the clinic, closed to new patients because of the waitlist, and the situation has become unwieldy. There are no other outpatient mental health providers in Marin that take insurance. Growing this program can provide a hub to increase services for varied and more complex cases, and to screen patients in the primary care setting.

Dr. Simmonds said that increased funding for this program was discussed at the recent meeting of the Board Finance and Audit committee. He suggested that a detailed proposal be presented for discussion and action at the next regular meeting of this Board on December 10, and all agreed. Ms. Maxwell agreed to prepare the proposal and present it then.

9. Hospital Operations During Power Outage

Mr. Friedenberg reported on how the recent October PSPS (Public Safety Power Shutoff) effected the hospital. During an outage in September, the backup system didn't work properly. A backup generator truck was brought in while the resident backup system was repaired. In anticipation of the fire season, that backup truck was kept on site at the insistence of Vernon Moreno, VP of Support Services. October 26-28 PG&E implemented the PSPS and the hospital went on backup; on 10/28, the backup system failed and the truck provided backup. At 6:40 a.m. there was 10 minutes of no power to the hospital, yet there were no adverse patient outcomes. PG&E sent another backup truck, and there are now 4 power systems on site. The Incident Command Center and all team members performed

optimally during the outage, and the hospital was fully staffed throughout, thanks to extra efforts by all.

Since 99% of Marin was out during PSPS, all of the outpatient clinics were without power; the clinics' managers handled logistical urgencies (e.g. medication refrigeration) and patient relations very well. Backup power options for the clinics is being explored.

MarinHealth is working with other providers in Marin to establish more effective solutions to this problem that will surely recur, solutions that are complicated and expensive.

10. Topics for Community Health Education Seminars

Dr. Bedard suggested: Impact of climate change on health; health and social determinants of homelessness; artificial intelligence; medicinal cannabis. Regarding cannabis, Mr. Friedenberg noted that it is currently being discussed in the hospital's Medical Executive Committee (MEC), and suggested that physician education occur before bringing it to the public with such an event.

Ms. Rienks suggested: Women's cardiovascular health; teen health and mental health.

11. "Green" District Office

Ms. Rienks suggests the District more closely follow guidelines for green business practice, such as the County follows. She will draft a policy for the District's consideration. She suggested the Hospital and District support and join the local "Amazon to Reuse Boxes Initiative," and will provide information to the Board.

Mr. Friedenberg noted that the hospital has "green" guidelines in place and in process. The new hospital is to be LEED Silver.

12. Committee Meeting Reports

a. Finance and Audit Committee (met October 22)

Dr. Simmonds reported on the meeting of October 22. The District's cash on hand is $5M of which $3.17M is invested. District's net assets are $47M.

(i) Approval of "MGH Hospital Replacement Building Project Stabilization Agreement, Amendment Number 1"

Mr. Friedenberg explained this amendment (Tab #4) to the Project Stabilization Agreement (PSA) with the building trades for MGH 2.0, whereby adverse labor action would not affect the project, that adds the work on the West Wing Addition project to the PSA.

Dr. Simmonds moved to approve the amendment as presented. Ms. Sparkman seconded. **Vote: all ayes.**

(ii) Approve MHD Board Compensation Increase in Accordance with AB 2329

Mr. Coffey explained the details provided (Tab #5) of the law that allows boards of Special Districts (of which MHD is one) to increase their compensation for attending meetings by up to 5% annually. The process involves a resolution, published notices, public review and response period, and final resolution.

The law also allows for a process to increase the number of meetings to more than 5 per month. It was generally agreed that this Board would not pursue that, but did wish to pursue increased compensation. MHD Board members currently each receive $100 per MHD meeting attended.

Dr. Simmonds moved to approve implementing the process of increasing Board compensation by 5% annually, as allowed by law. Ms. Sparkman seconded. Dr. Bedard voiced opposition. There was no public comment, and no further discussion.

Vote by roll call: Simmonds, aye; Sparkman, aye; Su, aye; Bedard, nay; Rienks nay. The motion passed by majority.

Mr. Coffey agreed to begin working on the process.

b. Lease & Building Committee (met October 23)

Ms. Sparkman reported on the meeting of October 23. They discussed four considerations of Marin Healthcare District to align with the new "MarinHealth" branding:

1. Do nothing.
2. Re-align MHD's visuals – logo, colors, font, etc. – to match with MarinHealth's.
3. Legal name change from "Marin Healthcare District" to "MarinHealth District." This was dismissed as too cumbersome and costly.
4. Enter into an agreement with MarinHealth to use the name "MarinHealth" and licensed marks and allow Marin Healthcare District to do business as MarinHealth District.

Dr. Bedard moved to implement #2, to re-align MHD's visuals – logo, colors, font, etc. – with MarinHealth's. Ms. Sparkman seconded. **Vote: all ayes.**

Mr. Coffey explained that the Master Service Mark License Agreement provided (Tab #6) would allow them freedom to use the visuals as just approved.

Ms. Sparkman moved to approve the Master Service Mark License Agreement with MarinHealth for Marin Healthcare District to do business as (dba) "MarinHealth District" as presented. Dr. Su seconded. **Vote: all ayes.**

13. <u>Reports</u>

a. District COO's Report

Mr. Friedenberg had nothing further to add.

b. Hospital CEO's Report

Mr. Friedenberg reported. Operating budget continues to be challenged. The TCT (Transforming Care Together) Project to reduce expenses is in full force. Huron Consulting Group is assisting to optimize coding and revenue cycle, and to reduce expenses in labor, supplies, etc.

The CEO and COO of MarinHealth Medical Network (Prima) have both stepped down; Eric Pifer, MD, CMO, is interim CEO and a search is on for COO.

The 2020 hospital budget is being finalized.

c. Chair's Report

Ms. Rienks reported that Governor Newsom has signed public health laws supporting physician screening for mental health, development and trauma for young children, as well as trauma screening for adults' adverse childhood experiences.

d. Board Members' Reports

Dr. Bedard is a member of the CMA house of delegates, and he authored a resolution opposing health systems whose pain management programs exclude cannabis positive testing. He also reported that UCSF and Sutter will pay for physicians to join San Francisco-Marin Medical Society.

There were no other reports.

14. <u>Agenda Items Suggested for Future Meetings</u>

No further items were suggested.

15. <u>Adjournment</u>

Chair Rienks adjourned the meeting at 8:40 pm.

Tab 4

MARIN HEALTHCARE DISTRICT

RESOLUTION NO. 2019-01

RESOLUTION TO TERMINATE THE CONTRACT BETWEEN THE BOARD OF ADMINISTRATION, CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM, AND THE BOARD OF DIRECTORS, MARIN HEALTHCARE DISTRICT

WHEREAS, the Board of Directors of the Marin Healthcare District entered into a contract with the Board of Administration, Public Employees' Retirement System effective September 1, 2001, providing for the participation of their employees in the Public Employees' Retirement System; and

WHEREAS, the Board of Directors of the Marin Healthcare District did declare its intent to terminate said contract by executing a Resolution of Intention on October 13, 2015 to terminate the contract between said governing body and the Board of Administration of the Public Employees' Retirement System;

NOW, THEREFORE, BE IT FURTHER RESOLVED, that an Agreement Terminating the Contract between the Board of Directors of the Marin Healthcare District and the Board of Administration of the Public Employees' Retirement System is hereby authorized, a copy of said agreement being attached hereto, marked "Exhibit A" and by such reference made a part hereof as though herein set out in full.

The Presiding Officer of the Board of Directors of the Marin Healthcare District is hereby authorized, empowered and directed to execute said agreement for and on behalf of said agency.

Passed and adopted, by the Board of Directors of Marin Healthcare District, Marin County, State of California, on this 10th day of December, 2019, by the following vote, to wit:

AYES: ____

NOES:____

ABSTAIN: ____

ABSENT:_____

ATTEST: _____
Jennifer Rienks, Chair

_____
Brian Su, MD, Secretary

100B Drakes Landing Road, Suite 250
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CalPERS

P.O. Box 942709 Sacramento, CA 94229-2709
888 CalPERS (or **888**-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-3005
www.calpers.ca.gov

California Public Employees' Retirement System

April 10, 2019

CalPERS ID #3039213026

Mr. Eugene Lewis
Health Benefits Manager
Marin Healthcare District
1100 South Eliseo Drive, Ste. 4
Greenbrae, CA 94904

Dear Mr. Lewis,

On October 13, 2015, the Marin Healthcare District adopted a Resolution of Intention to terminate the contract with CalPERS completing the first step in the termination process. The next step required of the Marin Healthcare District is adoption of the enclosed Resolution and Agreement.

Section 20570 of the Government Code provides that not less than ninety days and no more than one year after the adoption of the Resolution of Intention, the governing body must adopt a resolution or ordinance terminating the contract by the affirmative vote of two-thirds of the governing body. The contract termination is effective on the date designated in the resolution or ordinance and may be effective the day following the date of adoption.

Section 20580 provides "Upon the termination of a contract, all memberships in this system existing because of that contract continue in existence to the extent that there are accumulated contributions to the credit of each such local member, but any such member may elect to withdraw his or her accumulated contributions. The status of any such member who does not withdraw his or her accumulated contributions shall be the same as if the public agency had continued as a contracting agency. The membership of any such member who elects to withdraw his or her accumulated contributions shall be terminated forthwith, and he or she shall not be entitled to any further benefit based upon service credited as an employee of the contracting agency, nor shall he or she have the right to redeposit such withdrawn contributions upon again becoming a member of this system." All membership in the System will continue to exist as long as the member does not withdraw contributions. However, benefits are frozen and calculations are based on the benefit level in effect on the date of contract termination. Members lose the right to receive a pension based on a higher payrate with the terminated agency if they should later work for a CalPERS agency or a reciprocal agency.

An actuarial valuation will be conducted to determine reserves to be held for the benefit of the retired members, members leaving contributions on deposit and for the beneficiaries who are entitled to receive benefits. Please allow approximately three to six months for the results of this study.

If there are insufficient funds to pay benefits to the members and beneficiaries, the agency will be required to pay the difference between the accumulated contributions and the actuarial equivalent required to fund the benefits. If the agency fails to pay the difference, the members' benefits would be reduced accordingly. If, however, there are more funds than are required to fund the benefits, the agency will receive a refund. No funds can be withdrawn with respect to the retired members who will continue to receive their allowances from CalPERS.

To summarize, please return the following: (Original signatures are required on all documents)

1. Resolution, original or certified copy.

2. Agreement Terminating the Contract, two original or certified copies.

A copy of the Agreement Terminating the Contract will be returned for your records after it has been executed by CalPERS.

CalPERS is committed to assisting our members and employers in all matters related to their retirement within the scope of the statutory authority available to us. Should you have any questions or concerns, please visit our website **www.calpers.ca.gov**, or you may contact us toll free at **888 CalPERS** (**888**-225-7377).

Sincerely,

Danielle Brooks

Danielle Brooks
Employer Representative
Retirement and Social Security Contracts Unit

Enclosures

MARIN HEALTHCARE DISTRICT

RESOLUTION NO. 2015-05

RESOLUTION OF INTENTION TO TERMINATE THE CONTRACT BETWEEN THE BOARD OF ADMINISTRATION OF THE CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM AND THE MARIN HEALTHCARE DISTRICT

WHEREAS, the Board of Directors of the Marin Healthcare District entered into a contract with the Board of Administration, Public Employees' Retirement System pursuant to Government Code Section 20460, effective September 1, 2001, for participation of said agency in the Retirement System; and

WHEREAS, Section 20570 provides that the governing body may terminate the contract between the Board of Administration of the Public Employees' Retirement System and the governing body of the contracting agency by the adoption of a resolution giving notice of intention to terminate, and, not less than one year later, the adoption of affirmative vote of two-thirds of the members of the governing body of a resolution terminating the contract;

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of the Marin Healthcare District hereby finds that it is in the best interests of the agency to terminate the contract entered into with the Board of Administration, Public Employees' Retirement System; and

BE IT FURTHER RESOLVED, that the governing body of the above agency does hereby give notice to the Board of Administration, Public Employees' Retirement System, pursuant to Section 20570, of the intention to terminate said contract.

PASSED AND ADOPTED, by the Board of Directors of the Marin Healthcare District, Marin County, State of California, on October 13, 2015, by the following vote, to wit:

AYES: 5

NOES: 0

ABSTAIN: 0

ABSENT: 0

ATTEST: Harris Simmonds M.D., Chair

Jennifer Rienks, Secretary

MARIN GENERAL HOSPITAL

CalPERS Unfunded Pension Liability

The following summarizes the issue of CalPERS unfunded pension liability for Marin Healthcare District.

1. Identification of the plan in question
2. Plan participant information
3. Payment history by Marin General Hospital
4. Termination procedures
5. Issues surrounding MGH's responsibility for the MHD pension obligation

1. Plan: Miscellaneous Plan of The Marin Healthcare District, CalPERS ID: 3039213026; Effective 9/1/2001
   a. Benefit Provisions: *see attached **Business Partner Retirement Contract Report***
   b. Plan Exclusions: *Members of the governing body first elected or appointed prior to July 1, 1994; all Local Safety Employees*

2. Participant Info:

CalPERS ID	Appointment Date	MGH Hire Date	MGH Term Date
	09/01/2001	10/18/2004	09/21/2008

   a. CalPERS claims the employee was brought into their membership effective 9/1/2001 and terminated membership 8/07/2004

3. The following is a breakdown of the unfunded liability payments paid and due:

Payment Due Date	Payment Amount Due	Amount Paid	Paid Date	Receivable Balance	Description
01/01/2012	$4874.00	$0.00	N/A	$4874.00	ER Contributions-Inactive Rate Plan
01/01/2013	$4874.00	$0.00	N/A	$4874.00	ER Contributions-Inactive Rate Plan
01/01/2014	$4830.00	$4830.00	08/04/2014	$0.00	ER Contributions-Inactive Rate Plan
01/01/2015	$4829.00	$0.00	N/A	$4829.00	ER Contributions-Inactive Rate Plan

4. Termination of the Contract Between Marin Healthcare District and CalPERS-
   a. In order to resolve the issue of outstanding unfunded liabilities and future Employer Contributions for the Inactive Rate Plan, MHD must initiate the termination of contract procedures:
      i. Go online and complete the Contact Termination Event
      ii. Attach/upload to CalPERS the **"Resolution of Intention to Terminate The Contract Between The Board of Administration of The California Public Employees' Retirement System and the Marin Healthcare District"**- *see attached*

1. Once this process is completed CalPERS will begin calculation of the Unfunded Termination Liability. According to this plan's most recent Annual Valuation Report as of June 30, 2013, **the *hypothetical* termination liability as of 6/30/2013 is $18,103.** – ***See Attached***
2. As of September 2015 interest has been assessed on the unpaid amounts due.

5. Issues:
   a. This plan "belongs" to Marin Healthcare District, not necessarily Marin General Hospital; the Federal Tax ID associated with this plan is **94-6001347**
   b. The participant was not employed by MGH during the membership period provided by CalPERS
   c. The participant's dates of service at MGH occurred prior to the split from Sutter.

Tab 5

Proposal to Support the MarinHealth Outpatient Behavioral Health Clinic

December 10, 2019

Program Overview

Distinguishing features of MarinHealth's Behavioral Health Program include:

- Marin County's **designated 5150 facility**
- Marin County's **only inpatient psychiatric program**
- The **only provider of electroconvulsive therapy (ECT)** in the North Bay
- A robust hospital-based ambulatory program with specialty care tracks for older adults and for individuals with co-occurring behavioral health and substance use disorders
- Innovative approach to psychiatric consultation support for admitted medical patients
- SAMHSA grant recipient to provide **Medication Assisted Treatment (MAT)** to combat the opioid epidemic impacting our community

Statistics

- Mental health and substance abuse diagnoses account for **4 of the top 10 hospital admission** for patients age 18-44[1]
  - #1 Mood disorders
  - #3 Schizophrenia and psychotic disorders
  - #6 Substance-related disorders
  - #8 Alcohol related disorders

- 21% of Marin County residents report **excessive drinking** compared to 18% of all Californians, ranking Marin County at #48 out of 58 counties in this measure[2,3]

- **Suicide rate in Marin County is higher** than the California average (12.8% versus 9.8%),[4] and 19.5% of Marin adults reported needing **treatment for mental health or substance abuse**

- 14.8% of Marin County adults report taking **daily prescriptions for emotional problems** as compared to 11% of all Californians[5]

References

1. Healthcare Cost and Utilization Project (HCUP). January 2019. Agency for Healthcare Research and Quality
2. Behavioral Risk Surveillance Task Force (2017)
3. County Health Rankings – Robert Wood Johnson Foundation (2019)
4. University of Missouri, Center for Applied Research and Environmental Systems, California Department of Public Health, Public Use Data (2010-2012)
5. American Community Survey (2012-16)

Impact

Behavioral Health staff provide care coordination and service linkage for patients who present to the Emergency Department (ED) with complex psychosocial issues related to homelessness, economic insecurity, domestic violence, human trafficking, violent crimes and trauma.

MarinHealth Behavioral Health partners with Marin County Behavioral Health Services and other community stakeholders, such as Whole Person Care, Marin Community Clinics, Marin County Adult Protective Services, Ritter Center, Helen Vine and many others. Since 2002, the Marin County Community Health Needs Assessment (CHNA) has identified the following related issues as focus areas: Alcohol Use; Tobacco Use; Access to Health Care; and Mental Health and Substance Abuse. The following service lines within MarinHealth Behavioral Health target these critical areas as identified by the Marin County CHNA:

Acute Inpatient Psychiatry

- 700+ annual admissions
- 98% occupancy rate
- Average length of stay is 8.0 days

Clinical Social Work

- Embedded in the ED, inpatient psychiatry, and medical floors
- Integral support throughout trauma program identifying and treating those at risk of depression and/or PTSD following a traumatic medical event
- >2000 social work consultations per year in the ED alone
- Supports the Women, Infants and Children Program

Electroconvulsive Therapy (ECT)

- Only provider in the North Bay
- >1000 ECT treatments performed each year

Hospital-Based Ambulatory Behavioral Health (PHP/IOP)

- 4300 annual visits
- 4 week waiting list
- Specialty programs for Older Adults and Co-occurring Substance Abuse Disorders

Integrated Behavioral Health

- Psychiatrist embedded in primary care at MarinHealth Internal Medicine
- Practice is at capacity and no longer able to accept new patient referrals
- >170 patient visits in 2018

Psychiatric Consultation-Liaison

- Psychiatrist and LCSW team consultation to support psychiatric patients admitted to medical floors to concurrently address medical and psychiatric conditions
- 215 consultations in 2018

Opportunities for Growth

MarinHealth Behavioral Health Outpatient Clinic

The next key step to defining an integrated behavioral health continuum of care is the development of an outpatient behavioral health clinic. A behavioral health clinic will:

- Be a referral source for patients and providers to access behavioral health and substance abuse treatment especially for commercially insured patients where there is a significant lack of available psychiatrists and therapists;
- Develop behavioral health telemedicine platforms to improve access to treatment for all;
- Reinforce psychiatrists' clinical support in the primary care integrated behavioral health model to increase access to care in the primary prevention phase;
- Provide administrative support to the physician group to recruit and retain the highest caliber of providers;
- Lay the operational groundwork, financial modeling, and assess community impact to further expand into an outpatient behavioral health center of excellence;
- Establish a behavioral health community liaison to connect and collaborate with other agency and provider stakeholders.

Financial Considerations

With MarinHealth's alliance to UCSF, an outpatient behavioral health clinic has the potential to financially break even or drive a profit as the program develops. In the first several years, due to upstart costs and establishment of a reliable patient census, the program will operate at a loss. MarinHealth Behavioral Health is asking that the Marin Healthcare District financially support the program through this loss. Please refer to the table below for details.

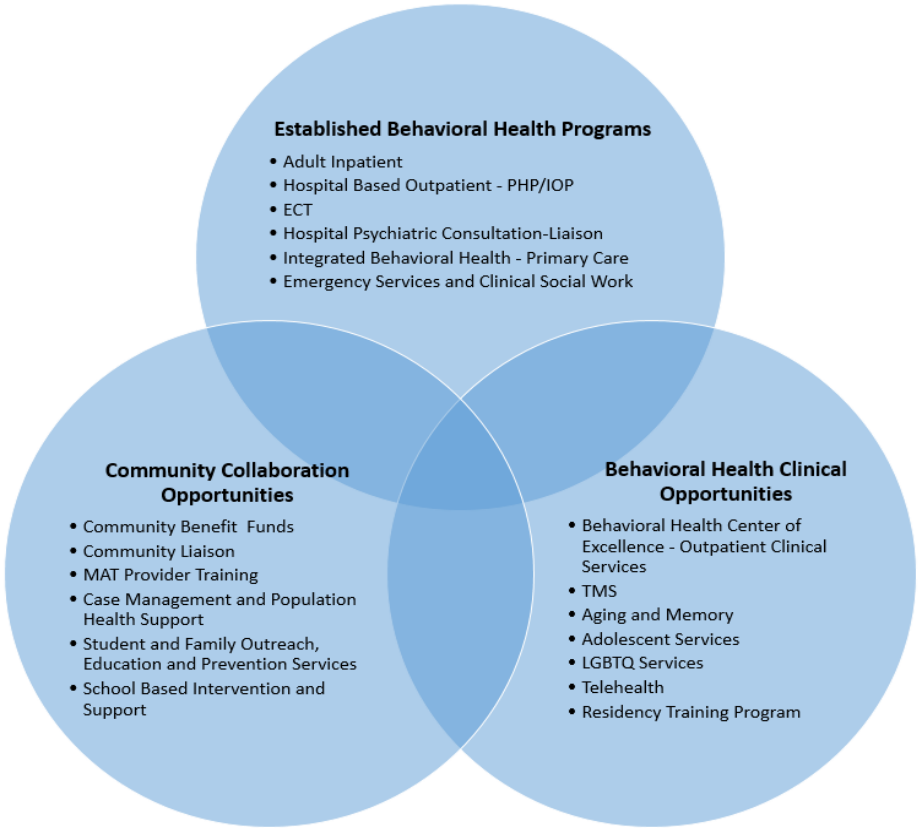
Clinic Summary					
Revenues	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
wRVU Revenue	270,090	283,594	297,774	297,774	297,774
Group Session Revenue	25,298	62,233	95,683	164,766	289,518
Individual Session Revenue	432,630	407,801	384,397	362,336	341,541
Total Revenues	**728,018**	**753,628**	**777,853**	**824,876**	**928,832**
Expenses					
Total MD Compensation	312,000	299,040	312,312	312,312	312,312
Malpractice	4,800	4,800	4,800	4,800	4,800
Billing Expenses	10,263	10,777	11,315	11,315	11,315
Rent	-	-	-	-	-
Staff	414,440	435,162	456,920	479,766	503,754
UCSF EMR	80,800	33,600	33,600	33,600	33,600
Total Expenses	822,303	783,379	818,948	841,794	865,782
Operating Income	**(94,286)**	**(29,751)**	**(41,094)**	**(16,918)**	**63,050**
Request for MHD Support	**100,000**	**50,000**	**50,000**	**25,000**	**-**

Impact of Marin Healthcare District Support

MarinHealth Behavioral Health has an established history of financial support with the Marin Healthcare District to address the behavioral health care needs of the community. The program impact as described in the service line impact statement was made possible with the support from the District and the Hospital. The additional support being requested from the District will have a major impact to the community by greatly increasing the number of behavioral health patient encounters. With the current model of integrated behavioral health in primary care, MarinHealth staffs a 0.01 FTE psychiatrist who averages approximately 170 patient encounters per year. Based on current productivity and projected volumes, a clinic staffed with a 0.8 FTE psychiatrist and two 1.0 FTE licensed clinical social workers could have the following patient impact:

Clinic Productivity Summary					
Patient Encounters	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**
MD patient encounters	1156	1224	1292	1292	1292
LCSW group patient encounters	576	1417	2179	3752	6592
LCSW individual session encounters	2208	2328	2448	2568	2688
Total Patient Encounters	**3940**	**4969**	**5919**	**7612**	**10572**

District support will not only drastically impact the number of patient visits per year in behavioral health but it will indirectly support providers in the primary care offices who can refocus their efforts to their patient's primary medical issues rather than trying to address psychosocial and psychiatric issues that complicate care. A MarinHealth Outpatient Behavioral Health Clinic is the next step in the department's strategic growth and to solidifying MarinHealth as the community's go to provider for behavioral healthcare.



Tab 6

MarinHealth Medical Center
(Marin General Hospital)

Performance Metrics
and
Core Services Report

Q2 2019

December 3, 2019

250 Bon Air Road, Greenbrae, CA 94904 | O 1-415-925-7000

www.mymarinhealth.org

MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: **2nd QUARTER 2019**

TIER 1 PERFORMANCE METRICS

In accordance with Tier 1 Performance Metrics requirements, the MGH Board is required to meet each of the following minimum level requirements:

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	1. MGH Board must maintain MGH's Joint Commission accreditation, or if deficiencies are found, correct them within six months.	Quarterly	In Compliance	Joint Commission granted MGH an "Accredited" decision with an effective date of May 24, 2019 for a duration of 36 months.
	2. MGH Board must maintain MGH's Medicare certification for quality of care and reimbursement eligibility.	Quarterly	In Compliance	MGH maintains its Medicare Certification.
	3. MGH Board must maintain MGH's California Department of Public Health Acute Care License	Quarterly	In Compliance	MGH maintains its license with the State of California.
	4. MGH Board must maintain MGH's plan for compliance with SB 1953.	Quarterly	In Compliance	MGH remains in compliance with SB 1953 (California Hospital Seismic Retrofit Program).
	5. MGH Board must report on all Tier 2 Metrics at least annually.	Annually	In Compliance	4Q 2018 (Annual Report) was presented to MGH Board and to MHD Board in June 2019.
	6. MGH Board must implement a Biennial Quality Performance Improvement Plan for MGH.	Annually	In Compliance	MGH Performance Improvement Plan for 2019 was presented for approval to the MGH Board in June 2019.
	7. MGH Board must include quality improvement metrics as part of the CEO and Senior Executive Bonus Structure for MGH.	Annually	In Compliance	CEO and Senior Executive Bonus Structure includes quality improvement metrics.
(B) Patient Satisfaction and Services	MGH Board will report on MGH's HCAHPS Results Quarterly.	Quarterly	In Compliance	**Schedule 1**
(C) Community Commitment	1. In coordination with the General Member, the MGH Board must publish the results of its biennial community assessment to assess MGH's performance at meeting community health care needs.	Annually	In Compliance	Reported in Q4 2018
	2. MGH Board must provide community care benefits at a sufficient level to maintain MGH's non-profit tax exempt status.	Quarterly	In Compliance	MGH continues to provide community care and has maintained its tax exempt status.
(D) Physicians and Employees	MGH Board must report on all Tier 1 "Physician and Employee" Metrics at least annually.	Annually	Partial Compliance	Reported in Q4 2018
(E) Volumes and Service Array	1. MGH Board must maintain MGH's Scope of Acute Care Services as reported to OSHPD.	Quarterly	In Compliance	All services have been maintained.
	2. MGH Board must maintain MGH's services required by Exhibit G to the Loan Agreement between the General Member and Marin County, dated October 2008, as long as the Exhibit commitments are in effect.	Quarterly	In Compliance	All services have been maintained.
(F) Finances	1. MGH Board must maintain a positive operating cash-flow (operating EBITDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric.	Quarterly	In Compliance	**Schedule 2**
	2. MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.	Quarterly	In Compliance	**Schedule 2**

MarinHealth Medical Center (Marin General Hospital)

Performance Metrics and Core Services Report: **2nd QUARTER 2019**

TIER 2 PERFORMANCE METRICS

In accordance with Tier 2 Performance Metrics requirements, the General Member shall monitor and the MGH Board shall provide necessary reports to the General Member on the following metrics:

		Frequency	Status	Notes
(A) Quality, Safety and Compliance	MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).	Quarterly	In Compliance	**Schedule 3**
(B) Patient Satisfaction and Services	1. MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.	Quarterly	In Compliance	**Schedule 1**
	2. MGH Board will report external awards and recognition.	Annually	In Compliance	Reported in Q4 2018
(C) Community Commitment	1. MGH Board will report all of MGH's cash and in-kind contributions to other organizations.	Quarterly	In Compliance	**Schedule 4**
	2. MGH Board will report on MGH's Charity Care.	Quarterly	In Compliance	**Schedule 4**
	3. MGH Board will maintain a Community Health Improvement Activities Summary to provide the General Member, providing a summary of programs and participation in community health and education activities.	Annually	In Compliance	Reported in Q4 2018
	4. MGH Board will report the level of reinvestment in MGH, covering investment in excess operating margin at MGH in community services, and covering funding of facility upgrades and seismic compliance.	Annually	In Compliance	Reported in Q4 2018
	5. MGH Board will report on the facility's "green building" status based on generally accepted industry environmental impact factors.	Annually	In Compliance	Reported in Q4 2018
(D) Physicians and Employees	1. MGH Board will provide a report on new recruited physicians by specialty and active number of physicians on staff at MGH.	Annually	In Compliance	Reported in Q4 2018
	2. MGH Board will provide a summary of the results of the Annual Physician and Employee Survey at MGH.	Annually	Partial Compliance	Reported in Q4 2018
	3. MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.	Quarterly	In Compliance	**Schedule 5**
(E) Volumes and Service Array	1. MGH Board will develop a strategic plan for MGH and review the plan and its performance with the General Member.	Annually	In Compliance	The updated MGH Strategic Plan was presented to the MGH Board on March 5, 2019.
	2. MGH Board will report on the status of MGH's market share and Management responses.	Annually	In Compliance	MGH's market share and management responses report was presented to the MGH Board on March 5, 2019.
	3. MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.	Quarterly	In Compliance	**Schedule 2**
	4. MGH Board will report on current Emergency services diversion statistics.	Quarterly	In Compliance	**Schedule 6**
(F) Finances	1. MGH Board will provide the audited financial statements.	Annually	In Compliance	The MGH 2018 Independent Audit was completed on April 26, 2019.
	2. MGH Board will report on its performance with regard to industry standard bond rating metrics, e.g., current ratio, leverage ratios, days cash on hand, reserve funding.	Quarterly	In Compliance	**Schedule 2**
	3. MGH Board will provide copies of MGH's annual tax return (Form 990) upon completion to General Member.	Annually	In Compliance	The MGH 2018 Form 990 was filed on November 15, 2019.

Schedule 1: HCAHPS

(Hospital Consumer Assessment of Healthcare Providers & Systems)

- **Tier 1, Patient Satisfaction and Services**
  The MGH Board will report on MGH's HCAHPS Results Quarterly.
- **Tier 2, Patient Satisfaction and Services**
  The MGH Board will report on ten HCAHPS survey rating metrics to the General Member, including overall rating, recommendation willingness, nurse and physician communication, responsiveness of staff, pain management, medication explanations, cleanliness, room quietness, post-discharge instruction.

Marin General Hospital
Overall Hospital HCAHPS
Trending by Quarter

Scores displayed here are based on interviews from CMS submitted data for the selected time periods.
Mode adjustments and ESTIMATED Patient Mix Adjustments have been applied to the dimension scores.
Scores for the individual questions do not have adjustments applied.

FFY 2021 VBP Thresholds				Q3 2018	Q4 2018	Q1 2019	Q2 2019
73.80	81.51	87.67	**Overall rating**	**73.43**	**72.84**	**69.53**	**73.80**
			Would Recommend	**74.91**	**78.20**	**76.81**	**79.39**
83.26	87.87	91.56	**Communication with Nurses**	**74.78**	**74.52**	**78.50**	**81.50**
			Nurse Respect	86.82	87.14	84.68	90.37
			Nurse Listen	77.78	80.31	76.63	79.84
			Nurse Explain	78.04	74.41	74.18	74.28
82.71	87.26	90.90	**Communication with Doctors**	**79.07**	**78.33**	**80.20**	**81.62**
			Doctor Respect	86.67	87.83	86.30	86.81
			Doctor Listen	83.20	82.41	78.36	78.89
			Doctor Explain	81.14	78.65	75.96	79.16
66.57	75.03	81.80	**Responsiveness of Staff**	**66.27**	**65.36**	**66.57**	**65.63**
			Call Button	66.86	65.76	65.43	63.99
			Bathroom Help	72.49	71.76	67.70	67.26
			Pain Communication	67.42	65.74	68.26	64.04
			Talk How Much Pain		68.20	69.71	64.52
			Talk Pain Treatment		63.28	66.81	63.57
65.53	71.60	76.45	**Communication about Medications**	**59.52**	**59.50**	**62.72**	**65.05**
			Med Explanation	79.15	79.60	76.58	79.62
			Med Side Effects	48.70	48.21	48.87	50.49
71.31	79.07	85.28	**Hospital Environment**	**58.25**	**53.05**	**56.99**	**57.20**
			Cleanliness	70.87	67.72	63.71	65.05
			Quiet	58.03	50.79	50.27	49.34
89.08	91.74	93.87	**Discharge Information**	**87.50**	**86.60**	**88.30**	**89.44**
			Help After Discharge	85.60	83.62	84.76	87.14
			Symptoms to Monitor	92.80	92.98	91.84	91.74
52.47	58.83	63.92	**Care Transition**	**45.58**	**48.27**	**47.80**	**49.03**
			Care Preferences	41.35	45.48	39.83	43.30
			Responsibilities	51.45	58.20	45.20	48.38
			Medications	58.33	55.52	58.39	55.41
			Number of Surveys	**391**	**386**	**368**	**382**

Thresholds Color Key:
National 95th percentile
National 75th percentile
National average, 50th percentile

Scoring Color Key:
At or above 95th percentile
At or above 75th percentile
At or above 50th percentile
Below 50th percentile

Official VPB (Value-Based Purchasing) monthly trending HCAHPS results are distributed by MGH Quality Management on the 15th of each month.

Schedule 2: Finances

- **Tier 1, Finances**
  The MGH Board must maintain a positive operating cash-flow (operating EBIDA) for MGH after an initial phase in period of two fiscal years, and then effective as a performance metric after July 1, 2012, with performance during the phase in period monitored as if a Tier 2 metric. The MGH Board must maintain revenue covenants related to any financing agreements or arrangements applicable to the financial operations of MGH.
- **Tier 2, Volumes and Service Array**
  The MGH Board will report on key patient and service volume metrics, including admissions, patient days, inpatient and outpatient surgeries, emergency visits.

Financial Measure	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Total 2019
EBIDA $ (in thousands)	$ 8,922	$ 6,662			$ 15,584
EBIDA %	8.52%	6.30%			7.40%
Loan Ratios					
Annual Debt Service Coverage	1.46	2.07			2.17
Maximum Annual Debt Service Coverage	1.35	1.92			2.01
Debt to Capitalization	49.90%	49.63%			49.50%
Key Service Volumes					
Acute discharges	2,255	2,265			4,520
Acute patient days	11,182	10,770			20,952
Average length of stay	4.96	4.70			4.75
Emergency Department visits	7,365	7,470			14,835
Inpatient surgeries	471	491			962
Outpatient surgeries	1,228	1,262			2,490
Newborns	265	285			550

Schedule 3: Clinical Quality Reporting Metrics

- **Tier 2, Quality, Safety and Compliance**
  The MGH Board will report on efforts to advance clinical quality efforts, including performance metrics in areas of primary organizational focus in MGH's Performance Improvement Plan (including Clinical Quality Reporting metrics and Service Line Quality Improvement Goals as developed, e.g., readmission rates, patient falls, "never events," process of care measures, adverse drug effects, CLABSI, preventive care programs).

CLINICAL QUALITY METRICS DASHBOARD

Metrics are publicly reported on

CalHospital Compare (www.calhospitalcompare.org)

and

Centers for Medicare & Medicaid Services (CMS)
Hospital Compare (www.hospitalcompare.hhs.gov/)

MarinHealth Medical Center
CLINICAL QUALITY METRICS DASHBOARD
Publicly Reported on CalHospital Compare (www.calhospitalcompare.org)
and Centers for Medicare & Medicaid Services (CMS) Hospital Compare (www.hospitalcompare.hhs.gov/)

Hospital Inpatient Quality Reporting Program Measures

	METRIC	CMS**	2018	Q1 -2019	Q2 -2019	Q3 -2019	Q4-2019	Q2-2019 Num/Den	Rolling 2019 YTD	2019 YTD Num/Den
	♦ Stroke Measures									
STK-4	Thrombolytic Therapy	100%	100%	75%	100%			3/3	86%	6/7
	♦ Sepsis Measure									
SEP-01	Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	78%	44%	57%	60%			75/124	59%	139/237
	♦ Perinatal Care Measure									
PC-01	Elective Delivery +	0%	1%	5%	8%			2/26	6%	3/48
	♦ ED Inpatient Measures									
ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	90***	130.00	123.00	136.00			376--Cases	123.00	376--Cases
	♦ Global Immunization (IMM) Measure									
	METRIC	**CMS****	**2017**						**2018**	**Rolling Num/Den**
IMM-2	Influenza Immunization	100%	94%						94%	240/256
	♦ Psychiatric (HBIPS) Measures									
IPF-HBIPS-2	Hours of Physical Restraint Use	0.41	0.12	0.00	0.05			N/A	0.02	N/A
IPF-HBIPS-3	Hours of Seclusion Use	0.21	0.23	0.06	0.00			N/A	0.04	N/A
IPF-HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	36%	82%	94%	100%			20/20	97%	36/37

** CMS Top Decile Benchmark CMS Reduction Program (shaded in blue) + Lower Number is better

Hospital Outpatient Quality Reporting Program Measures

	METRIC	CMS**	2018	Q1 -2019	Q2 -2019	Q3 -2019	Q4-2019	Q2-2019 Num/Den	Rolling 2019 YTD	2019 YTD Num/Den
	♦ ED Outpatient Measures									
OP-18	Median Time from ED Arrival to ED Departure for Discharged Patients	143***	159.50	186	160			95--Cases	167	194--Cases
	♦ Outpatient Stroke Measure									
OP-23	Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	72%***	83%	100%	N/A			2/2	100%	8/8
	♦ Endoscopy Measures									
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	100%	93%	95%	97%			30/31	96%	51/53

MarinHealth Medical Center
CLINICAL QUALITY METRICS DASHBOARD
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♦ Healthcare Personnel Influenza Vaccination

	METRIC	CMS National Average	Oct 2014 - Mar 2015	Oct 2016 - Mar 2017	Oct 2016 - Mar 2017	Oct 2017 - Mar 2018
IMM-3	Healthcare Personnel Influenza Vaccination	89%	**81%**	89%	89%	92%

♦ Surgical Site Infection

	METRIC	National Standardized Infection Ratio (SIR)	Oct 2016 - Sep 2017	Jan 2017 - Dec 2017	Apr 2017 - Mar 2018	Oct 2017 - Sep 2018
HAI-SSI-Colon	Surgical Site Infection - Colon Surgery	1	not published**	not published**	not published**	not published**
HAI-SSI-Hyst	Surgical Site Infection - Abdominal Hysterectomy	1	not published**	not published**	not published**	not published**

♦ Healthcare Associated Device Related Infections

	METRIC	National Standardized Infection Ratio (SIR)	Oct 2016 - Sep 2017	Jan 2017 - Dec 2017	Apr 2017 - Mar 2018	Oct 2017 - Sep 2018
HAI-CLABSI	Central Line Associated Blood Stream Infection (CLABSI)	1	0.24	0.49	0.76	**1.04**
HAI-CAUTI	Catheter Associated Urinary Tract Infection (CAUTI)	1	0.94	0.99	**1.22**	0.90

♦ Healthcare Associated Infections

	METRIC	National Standardized Infection Ratio (SIR)	Oct 2016 - Sep 2017	Jan 2017 - Dec 2017	Apr 2017 - Mar 2018	Oct 2017 - Sep 2018
HAI-C-Diff	Clostridium Difficile	1	**1.15**	**1.02**	0.96	0.73
HAI-MRSA	Methicillin Resistant Staph Aureus Bacteremia	1	**1.35**	0.00	0.86	0.52

♦ Agency for Healthcare Research and Quality Measures (AHRQ-Patient Safety Indicators)

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2013 - June 2015	July 2014 - Sept 2015	Nov 2015 - June 2017	July 2016 - June 2018
PSI-90 (Composite)	Complication / Patient Safety Indicators PSI 90 (Composite)	0.9	No different than the National Rate	No different than the National Rate	No different than the National Rate	No different than the National Rate

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	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2013 - June 2015	July 2014 - Sept 2015	Nov 2015 - June 2017	July 2016 - June 2018
PSI-4	Death Among Surgical Patients with Serious Complications	136.48 per 1,000 patient discharges	No different then National Average	No different then National Average	No different then National Average	No different then National Average
	♦ Surgical Complications					
		Centers for Medicare & Medicaid Services (CMS) National Average	April 2011 - March 2014	July 2014 - March 2016	April 2014 - March 2017	April 2015 - March 2018
Surgical Complication	Hip/Knee Complication: Hospital-level Risk- Standardized Complication Rate (RSCR) following Elective Primary Total Hip/Knee Arthroplasty	2.5%	**3.6%**	2.7%	2.5%	**2.7%**
	♦ Acute Care Readmissions - 30 Day Risk Standardized					
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2012- June 2015	July 2013- June 2016	July 2014- June 2017	July 2015 - June 2018
READM-30-AMI	Acute Myocardial Infarction Readmission Rate	15.70%	16.10%	15.20%	14.80%	14.09%
READM-30-HF	Heart Failure Readmission Rate	21.60%	**22.50%**	20.19%	19.80%	20.80%
READM-30-PN	Pneumonia Readmission Rate	16.60%	15.10%	16.80%	15.90%	15.10%
READM-30-COPD	COPD Readmission Rate	19.50%	18.50%	18.70%	**20.49%**	19.20%
READM-30-THA/TKA	Total Hip Arthroplasty and Total Knee Arthroplasty Readmission Rate	4.00%	4.50%	4.00%	4.10%	3.90%
READM-30-CABG	Coronary Artery Bypass Graft Surgery (CABG)	12.80%	13.60%	**14.30%**	**13.70%**	**13.80%**
READM-30-STR	Stroke Readmission Rate	11.90%	10.00%	9.90%	10.40%	Not Published
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014- June 2015	July 2015 - June 2016	July 2016 - June 2017	July 2015 - June 2018
HWR Readmission	Hospital-Wide All-Cause Unplanned Readmission (HWR)	15.30%	14.60%	15.00%	**15.40%**	14.70%

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♦ Mortality Measures - 30 Day

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2012- June 2015	July 2013- June 2016	July 2014- June 2017	July 2015 - June 2018
MORT-30-AMI	Acute Myocardial Infarction Mortality Rate	12.90%	11.10%	12.90%	12.80%	12.50%
MORT-30-HF	Heart Failure Mortality Rate	11.50%	11.80%	11.70%	10.30%	9.70%
MORT-30-PN	Pneumonia Mortality Rate	15.60%	**17.40%**	**15.90%**	**15.90%**	15.30%
MORT-30-COPD	COPD Mortality Rate	8.50%	7.30%	7.96%	**9.30%**	**8.80%**
MORT-30-STK	Stroke Mortality Rate	13.80%	12.20%	11.70%	12.70%	13.70%
CABG MORT-30	CABG 30-day Mortality Rate	3.10%	2.60%	**3.46%**	**3.60%**	**3.40%**

♦ Cost Efficiency

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	Jan 2014 - Dec 2014	Jan 2015 - Dec 2015	Jan 2016 - Dec 2016	Jan 2017 - Dec 2017
MSPB-1	Medicare Spending Per Beneficiary (All)	0.99	**1.00**	**1.00**	**0.99**	0.98
			July 2012- June 2015	July 2013- June 2016	July 2014- June 2017	July 2015- June 2018
MSPB-AMI	Acute Myocardial Infarction (AMI) Payment Per Episode of Care	$24,627	$22,564	$21,192	$21,274	$23,374
MSPB-HF	Heart Failure (HF) Payment Per Episode of Care	$17,217	**$17,575**	**$16,904**	**$16,632**	$16,981
MSPB-PN	Pneumonia (PN) Payment Per Episode of Care	$17,858	**$14,825**	**$17,429**	**$17,415**	$17,316
	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average		July 2013 - June 2016	April 2014 - March 2017	April 2015 - March 2018
MSPB-Knee	Hip and Knee Replacement	$21,392		$22,502	$21,953	$20,567

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♦ Outpatient Measures (Claims Data)

	METRIC	Centers for Medicare & Medicaid Services (CMS) National Average	July 2014 - June 2015	July 2015 - June 2016	July 2016 - June 2017	July 2017 - June 2018
OP-8	Outpatient with Low Back Pain who had an MRI without trying Recommended Treatments First, such as Physical Therapy +	39.80%	Not Available	Not Available	Not Available	Not Available
OP-9	Outpatient who had Follow-Up Mammogram, Ultrasound, or MRI of the Breast within 45 days following a Screening Mammogram +	8.90%	7.20%	6.80%	7.00%	6.80%
OP-10	Outpatient CT Scans of the Abdomen that were "Combination" (Double) Scans +	6.90%	4.10%	5.60%	4.80%	4.50%
OP-11	Outpatient CT Scans of the Chest that were "Combination" (Double) Scans +	1.40%	0.40%	0.10%	0.20%	0.20%
OP-13	Outpatients who got Cardiac Imaging Stress Tests Before Low-Risk Outpatient Surgery +	4.70%	4.00%	3.30%	3.50%	3.20%
OP-14	Outpatients with Brain CT Scans who got a Sinus CT Scan at the Same Time +	1.20%	1.00%	0.40%	0.40%	0.30%
	METRIC	**Centers for Medicare & Medicaid Services (CMS) National Average**	**Jan 2013 - Dec 2013**	**Jan 2014 - Dec 2014**	**Jan 2015 - Dec 2015**	**Jan 2016 - Dec 2016**
OP-22	Patient Left Emergency Department before Being Seen	2.00%	1.00%	1.00%	1.00%	1.00%

+ Lower Number is better

Schedule 4: Community Benefit Summary

- **Tier 2, Community Commitment**
  The Board will report all of MGH's cash and in-kind contributions to other organizations.
  The Board will report on MGH's Charity Care.

Cash & In-Kind Donations (These figures are not final and are subject to change)					
	Q1 2019	**Q2 2019**	**Q3 2019**	**Q4 2019**	**Total 2019**
Buckelew	$ 25,000				$ 25,000
Coastal Health Alliance	15,000				15,000
Community Institute for Psychotherapy	15,000				15,000
Homeward Bound	150,000				150,000
Marin Center for Independent Living	25,000				25,000
Marin City Health and Wellness	11,500				11,500
Marin Community Clinics	131,000				131,000
MHD 1206(b) Clinics	3,047,081	2,317,938			5,365,019
North Marin Community Clinics	10,000				10,000
Operation Access	30,000				30,000
Ritter Center	25,000				25,000
RotaCare Free Clinic	15,000				15,000
West Marin Senior Services	10,000				10,000
Whistlestop	13,500				13,500
Total Cash Donations	**$ 3,523,081**	**$ 2,317,938**			**$ 5,841,019**
Meeting room use by community based organizations for community-health related purposes.	4,297	4,164			8,461
Food donations	940	940			1,880
Total In Kind Donations	**$ 5,237**	**$ 5,104**			**$ 10,341**
Total Cash & In-Kind Donations	**$ 3,528,318**	**$ 2,323,042**			**$ 5,851,360**

Schedule 4, continued

Community Benefit Summary (These figures are not final and are subject to change)					
	Q1 2019	**Q2 2019**	**Q3 2019**	**Q4 2019**	**Total 2019**
Community Health Improvement Services	$ 40,703	$ 38,725			$ 79,428
Health Professions Education	399,449	432,668			832,117
Cash and In-Kind Contributions	3,528,318	2,323,042			5,851,360
Community Benefit Operations	0	0			0
Community Building Activities	0	0			0
Traditional Charity Care *Operation Access total is included	274,130	530,775			804,905
Government Sponsored Health Care (includes Medi-Cal & Means-Tested Government Programs)	9,470,403	8,984,024			18,454,427
Community Benefit Subtotal (amount reported annually to State & IRS)	**$13,713,003**	**$12,309,234**			**$26,022,237**
Unpaid Cost of Medicare	23,735,540	23,033,010			46,768,550
Bad Debt	327,536	368,080			695,616
Community Benefit, Community Building, Unpaid Cost of Medicare and Bad Debt Total	**$37,776,079**	**$35,710,324**			**$73,486,403**

Operation Access Though not a Community Benefit requirement, MGH has been participating with Operation Access since 2000. Operation Access brings together medical professionals and hospitals to provide donated outpatient surgical and specialty care for the uninsured and underserved.					
	Q1 2019	**Q2 2019**	**Q3 2019**	**Q4 2019**	**Total 2019**
*Operation Access charity care provided by MGH (waived hospital charges)	$ 315,229	$ 201,090			$ 516,319
Costs included in Charity Care	56,079	35,774			91,853

Schedule 5: Nursing Turnover, Vacancies, Net Changes

- **Tier 2, Physicians and Employees**
  The MGH Board will analyze and provide information regarding nursing turnover rate, nursing vacancy rate, and net nursing staff change at MGH.

Turnover Rate				
Period	Number of Clinical RNs	Separated		Rate
		Voluntary	Involuntary	
Q3 2018	542	17	3	3.69%
Q4 2018	548	9	3	2.19%
Q1 2019	546	14	2	2.93%
Q2 2019	541	17	0	3.14%

Vacancy Rate							
Period	Open Per Diem Positions	Open Benefitted Positions	Filled Positions	Total Positions	Total Vacancy Rate	Benefitted Vacancy Rate of Total Positions	Per Diem Vacancy Rate of Total Positions
Q3 2018	29	53	542	626	13.42%	8.47%	4.63%
Q4 2018	26	48	548	626	12.46%	7.67%	4.15%
Q1 2019	30	70	546	646	15.48%	10.84%	4.64%
Q2 2019	37	68	541	646	16.25%	10.53%	5.73%

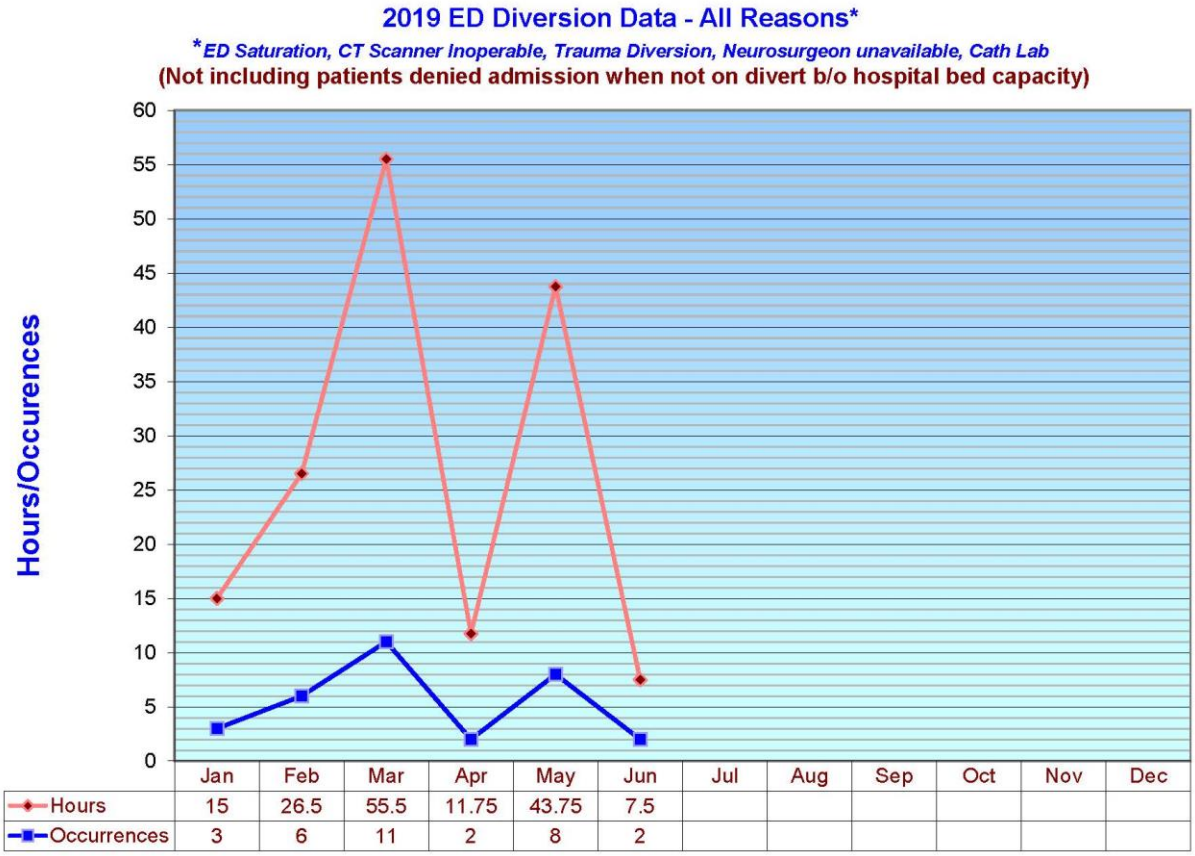
Hired, Termed, Net Change			
Period	Hired	Termed	Net Change
Q3 2018	25	20	5
Q4 2018	20	12	8
Q1 2019	15	16	(1)
Q2 2019	13	17	(4)

Schedule 6: Ambulance Diversion

- **Tier 2, Volumes and Service Array**
  The MGH Board will report on current Emergency services diversion statistics.

Quarter	Date	Time	Diversion Duration	Reason	Waiting Room Census	ED Admitted Patient Census
Q2 2019	Apr 7	1711 – 1915	2 hrs, 4 mins	ED	17	7
Q2 2019	Apr 11	1417 – 2356	9 hrs, 39 mins	ED	10	12
Q2 2019	May 14	1405 – 2304	8 hrs, 59 mins	ED	6	10
Q2 2019	May 17	0053 – 0359	3 hrs, 6 mins	Cath		
Q2 2019	May 17	0054 – 0359	3 hrs, 5 mins	Neuro		
Q2 2019	May 17	0055 – 0359	3 hrs, 4 mins	CT		
Q2 2019	May 17	2024 – 2313	2 hrs, 49 mins	ED	14	9
Q2 2019	May 20	1943 – 0939	13 hrs, 56 mins	ED	10	8
Q2 2019	May 22	1447 – 1820	3 hrs, 33 mins	ED	25	6
Q2 2019	May 31	1849 – 2358	5 hrs, 9 mins	ED	20	28
Q2 2019	June 2	1100 – 1516	4 hrs, 16 mins	ED	12	5
Q2 2019	June 2	2020 – 2327	3 hrs, 8 mins	ED	10	4

Schedule 6, continued



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Hours	15	26.5	55.5	11.75	43.75	7.5						
Occurrences	3	6	11	2	8	2						

Tab 7

Weiner, Louis N

From: Rienks, Jennifer <Jennifer.Rienks@ucsf.edu>
Sent: Tuesday, December 03, 2019 2:07 PM
To: Weiner, Louis N
Subject: Amazon to Reuse Boxes Initiative - Request for Support
Attachments: Amazon Reuse 2019.pdf

From: Carolyn Lund
Sent: Thursday, November 7, 2019 3:45 PM
To: Rienks, Jennifer
Subject: Amazon to Reuse Boxes Initiative - Request for Support

Dear Jennifer,

I'm following up on Linda Remy's note about the possibility of garnering support for the Amazon to Reuse Boxes Initiative from Marin General Hospital.

The Amazon Initiative asks Amazon to run a pilot Pick Up Program in Marin County in which delivery trucks pick up used boxes and plastic mailers on subsequent deliveries and take them back to Amazon warehouses for reuse.

With the guidance of Conservation International, we have collected: 1) public support with 7,500 signatures of Marin residents, and 2) City Council support from eight communities in Marin (Larkspur, Fairfax, Belvedere, San Rafael, Mill Valley, San Anselmo, Novato, and Muir Beach). The mayors of Mill Valley, San Rafael, and Novato have taken this a step further and written letters directly to Jeff Bezos asking that Amazon pick up its packing materials in their communities.

We now need to ask some of the largest employers in Marin to add their support in order to elevate the issue inside Amazon and, if necessary, ask Northern California legislators to take legislative action knowing that Marin residents and Marin businesses are in favor of the Amazon Initiative.

The economic and environmental benefits are considerable. Amazon boxes account for 30% of all recyclables and 12% of all refuse in Marin County. 3.4 million boxes will be delivered to Marin businesses and residents next year. If these boxes are removed from the waste stream, refuse collection expenses and fees will likely go down. At the moment, all businesses and residents are subsidizing the disposal of Amazon boxes through their refuse collection fees.

The beauty of this initiative is that Amazon would take responsibility for its packaging materials at no cost to the community, reduce waste in Marin, and help Marin County meet its Zero Waste goals.

Here is the link to the online petition for Marin residents: http://chng.it/cTrbLd4GbZ

We hopethat Marin General can give its support to the Amazon Initiative.

Please let us know your thoughts on this.

Best Regards,
Carolyn Lund
Marin Committee, Amazon to Reuse Boxes
(415) 717-4656
linkedin.com/in/carolynelund

Letter to Amazon from the City of San Rafael:

MAYOR'S OFFICE

July 19, 2019

Jeffrey P. Bezos
President, CEO, and Chairman of the Board
Amazon Corporate Headquarters
410 Terry Ave N
Seattle, WA 98109

Dear Mr. Bezos:

We support a local resident-driven petition that asks Amazon.com to offer a pilot pickup program in Marin County, California, in which delivery trucks pickup Amazon boxes on subsequent deliveries and return them to Amazon warehouses for reuse.

Our Climate Change Action Plan calls for closed-loop systems to reduce packaging waste as the best alternative to recycling, which costs money, uses resources like water and energy, produces greenhouse gases and other pollutants, and is subject to dramatic price variation. Measure WR-C6: Extended Producer Responsibility states the following. "Encourage the State to regulate the production and packaging of consumer goods and take-back programs. Encourage on-demand delivery services like Amazon and Blue Apron to reduce packaging waste and investigate requirements and incentives for same through ordinance or engagement campaigns."

Reuse of boxes eliminates the need for remanufacturing. It eliminates handling, trucking, and sorting. It conserves natural resources such as timber and water and causes significantly less pollution. eBay sellers and independent mail services have been reusing Amazon boxes for years. Approximately 75% of all cardboard in the U.S. goes to the landfill instead of being recycled. In 2018, it is estimated that over *3.5 billion Amazon boxes* went to the landfill.

We encourage you to take this petition seriously and develop a pilot pickup program that we can support and promote. Marin residents and businesses overwhelmingly support zero waste initiatives and will be the ideal community to pilot such a program.

Thank you for your attention to this matter,

Gary Phillips
Mayor

Kate Colin
Councilmember, Sustainability Liaison

Reference: www.cityofsanrafael.org/climate-change-action-plan/