

# MARIN HEALTHCARE DISTRICT

100-B Drake's Landing Road, Suite 250, Greenbrae, CA 94904

[www.marinhealthcare.org](http://www.marinhealthcare.org)

Telephone: 415-464-2090

[info@marinhealthcare.org](mailto:info@marinhealthcare.org)

Fax: 415-464-2094

**TUESDAY, JULY 14, 2020**

**5:30 PM: REGULAR MEETING**

## **Board of Directors:**

**Chair:** Larry Bedard, MD

**Vice Chair:** Ann Sparkman, JD

**Secretary:** Jennifer Rienks, PhD

**Directors:** Harris Simmonds, MD  
Brian Su, MD

## **Staff:**

Lee Domanico, CEO

Colin Coffey, District Counsel

Louis Weiner, Executive Assistant

## **Location:**

**Via Webex video conference:**

[www.webex.com/login/attend-a-meeting](http://www.webex.com/login/attend-a-meeting)

Meeting number: **146 694 2463**

Meeting password: **94904**

**Or via Webex telephone conference:**

1-408-418-9388

## **AGENDA**

**Tab #**

### **5:30 PM: REGULAR MEETING**

- |  |          |    |
|--|----------|----|
| 1. Call to Order and Roll Call   | Bedard   |    |
| 2. General Public Comment<br><i>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.</i> |          |    |
| 3. Approval of Agenda (action)   | Bedard   |    |
| 4. Approve of Minutes of Regular Meeting of June 9, 2020 (action)  | Bedard   | #1 |
| 5. Citizens' Bond Oversight Committee, Annual Report   | Lava     | #2 |
| 6. MarinHealth Medical Center 340B Drug Pricing Program Report   | Helser   | #3 |
| 7. MHMC Social Determinants of Health Report   | Cohen    |    |
| 8. COVID-19 Task Force Report  | Su       |    |
| 9. COVID-19 Update   | Domanico |    |
| a. Hospital Report   |          |    |
| b. Response to San Quentin Crisis  |          | #4 |

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. Meetings open to the public are audio-recorded; the recordings are posted on the District web site and retained for 1 month.

# MARIN HEALTHCARE DISTRICT

100-B Drake's Landing Road, Suite 250, Greenbrae, CA 94904

[www.marinhealthcare.org](http://www.marinhealthcare.org)

Telephone: 415-464-2090

[info@marinhealthcare.org](mailto:info@marinhealthcare.org)

Fax: 415-464-2094

**TUESDAY, JULY 14, 2020**

**5:30 PM: REGULAR MEETING**

10. Committee Meeting Reports

- a. Finance & Audit Committee (*met June 23*)
- b. Lease & Building Committee (*met May 27*)
  - (1) COVID Webinar Report (*June 30*)

Simmonds  
Rienks

11. Reports

- a. District CEO's Report
- b. Hospital CEO's Report
- c. Chair's Report
- d. Board Members' Reports

Domanico  
Domanico  
Bedard  
All

12. Agenda Items Suggested for Future Meetings

All

13. Adjournment of Regular Meeting

Bedard

*Next Regular Meeting: Tuesday, August 11, 2020, 5:00 p.m.*

**Tab 1**



**MARIN HEALTHCARE DISTRICT  
BOARD OF DIRECTORS**

**REGULAR MEETING**

**Tuesday, June 9, 2020 @ 5:30 pm  
Video/Tele Conference Call via Webex**

**MINUTES**

**REGULAR MEETING**

**1. Call to Order and Roll Call**

Chair Bedard called the Regular Meeting to order at 5:34 pm.

*Board members present via Webex:* Chair Larry Bedard, MD; Vice Chair Ann Sparkman; Secretary Jennifer Rienks; Director Harris Simmonds, MD; Director Brian Su, MD

*Staff present via Webex:* Lee Domanico, CEO; Eric Brettner, CFO; Elizabeth Lasnier, Controller; Karin Reese, CNO & Interim Chief Administrative Officer; Joan McCready, Director of Quality Management; Louis Weiner, Executive Assistant

*Counsel present via Webex:* Colin Coffey, Alison Bassett

*Guests present via Webex:* Lillian Chan, Ron Peluso

**2. General Public Comment**

Lisa Robecheck, Chaplain, commented on pastoral care staffing in the hospital.

**3. Approval of Agenda**

Ms. Sparkman moved to approve the agenda as presented. Ms. Rienks seconded. **Vote by roll call: all ayes.**

**4. Approval of Minutes of Special Open Meeting of May 7, 2020**

Dr. Simmonds moved to approve the minutes as presented. Ms. Sparkman seconded. **Vote by roll call: all ayes.**

**5. Approval of Minutes of Regular Meeting of May 12, 2020**

Ms. Sparkman moved to approve, with the change: On page 4, item 12.d, second paragraph to read “Ms. Sparkman stated that UCSF has a program to assist newly-unemployed patients on COBRA with subsidies.” Dr. Simmonds seconded, with the change. **Vote by roll call: all ayes.**

**6. Citizens’ Bond Oversight Committee, Annual Report**

Ms. Leslie Lava, Chair of the Committee, was unable to attend. Mr. Brettner noted that at their May 20 meeting Mr. Peluso gave an update on the construction project status. Dr. Bedard asked that Ms. Lava be invited to attend the next Board meeting on July 14 and to give a report then.



**7. Update on Hospital Replacement Project “MGH 2.0”**

Mr. Ron Peluso presented the report (Tab #4). He commented on scheduling milestones of OSHPD testing and inspections. June 22 is target for having the building fully stocked, and the activation process (ACT 2020) continues preparations for first patient on September 15. Certificate of Occupancy has been moved from May to June. The schedule has been adjusted because of COVID-19 work disruption, and the resulting impacts are noted in the report. Cash flow is on target. Contractor contingency has been exhausted. Owner contingency remains very favorable. West Wing Addition start of construction has been adjusted from August 2020 to October 2020.

Ms. Lillian Chan presented the update of the ACT 2020 project of preparation and implementation of occupancy. Target dates for certification and licensing are adjusted for first patient on September 15. The ACT 2020 project is being accomplished on time and as planned through workgroups leading training, orientation, and readiness.

Ms. Karin Reese commented that the ACT 2020 teams have worked in close collaboration with the construction team.

**8. Review and Approve Resolution #2020-05: Abatement of Rent**

Dr. Bedard moved to table this Resolution indefinitely. Ms. Rienks seconded. Mr. Brettner commented and led discussion on the District’s financial situation regarding expenses and cash holdings. **Vote by roll call to table the Resolution: All ayes.**

**9. Report: COVID-19 Task Force**

Dr. Su reported on the monthly meeting of the task force. He has discussed methods of fund distribution with Mr. Domanico and Mr. Brettner, and will review it quarterly. Cases increase in the Canal and people are not able to self-isolate; no funds for housing have yet been distributed and HHS is working on messaging and education. The task force, with Ms. Maites, is in discussion with Sutter, Kaiser and HHS for a joint messaging campaign. Mobile Testing Unit 1 is very busy while Unit 2 is still several weeks away to activation, and the budgets for them have shifted to adapt to the clinicians’ schedules. The triage kits with pulse oximeters are being assembled and prepared for effective distribution and monitoring, 500 kits to begin with.

**10. COVID-19 Update**

Mr. Domanico reported that positive cases currently vary 0-5 per day, with half in ICU. Cases Marin-wide increase and we are prepared with testing capability and sufficient PPE. Daily patient census, as well as surgery cases, are increasing though not yet back to normal.

So far there have been no patients, no employees, no physicians that have contracted the virus from within the hospital.

Ms. Rienks asked about a surge of San Quentin cases; Ms. Reese remarked that there are currently 15 positive cases there who will be transferred to St. Francis Hospital in SF, although critical cases may come to us and we are prepared.

**11. Discussion: Social Determinants of Health**

Ms. Rienks presented and led discussion. She showed a video on Social Determinants of Health: <https://www.youtube.com/watch?v=8PH4JYff4Ns>



She presented a slide show by AHA, “Addressing Social Determinants of Health,” adding comments stressing the importance of education, awareness and response to the subject.

Dr. Bedard asked that Dr. Cohen, Chief of Staff, attend the next Board meeting and address the issue. Mr. Domanico has talked with him about this and he is preparing a report.

## **12. Review of MarinHealth Medical Center Annual Report 2019 of Performance Metrics and Core Services**

Mr. Domanico presented. The Tier 1 and Tier 2 Performance Metrics are all in compliance as required by the Bylaws of Marin General Hospital/MarinHealth Medical Center. He commented on several items:

Schedule 1: HCAHPS. The Q4 2019 patient satisfaction scores are the highest in memory.

Schedule 2: Community Health & Education. Some of these events tie in to Social Determinants of Health.

Schedule 3: Physician Engagement: 2019 was a difficult year. A Medical Director for Physician Wellness is doing work to improve physicians’ satisfaction. Dr. Su asked that future reporting show these scores’ trends over several years.

Schedule 5: Finances: The 2020 data will show a sharp contrast to this 2019 data due to the severe financial impacts of the COVID crisis.

Schedule 6: Clinical Quality Metrics: Ms. Joan McCready commented that some of the CMS benchmarks change with each quarter, thus affecting the status of results reported in previous quarters. She added that special attention is being given to improve the sepsis measures.

Schedule 8: Community Benefit Summary: The total cash and in-kind donations continue at a consistent beneficial rate.

Schedule 12: Ambulance Diversion: It is anticipated that the need for diversion may be greatly reduced in the new hospital.

He acknowledged that some of these metrics need updating, which requires revision of the MHMC Bylaws, and he will discuss it with the MHMC Board. Ms. Sparkman suggested that data about the hospital’s 340B program (federal drug pricing program) be included.

## **13. Committee Meeting Reports**

### *a. Finance and Audit Committee (did not meet)*

Dr. Simmonds reported that the committee did not meet last month. He thanked Mr. Brettner and Ms. Lasnier for their work on reporting on MHD finances.

### *b. Lease & Building Committee (met May 27)*

Ms. Rienks reported that the committee met on May 27 and discussed having the Community Health Seminar Series be presented as webinar sessions on COVID-related issues beginning in June. She and Dr. Su and Mr. Weiner have begun planning.

## **14. Reports**

### *a. District CEO’s Report*

Mr. Domanico had nothing further to report.



*b. Hospital CEO's Report*

Mr. Domanico reported that this Thursday June 11 the hospital community will twice observe 8'46" of silence in observance of George Floyd and the ensuing racial social upheaval awareness. He has been advised on appropriate action of support, has written a message to all employees and spoken with the Leadership Teams. Employees are asked for recommendations for support and actions, and matching funds to target groups will be made. Implicit bias training program will be established.

*c. Chair's Report*

Dr. Bedard reported on the CEO search process. He has spoken with Ms. Andrea Schultz, MHMC Board Chair and Chair of the Search Committee. The committee has interviewed 6 candidates and has chosen 2 finalists. Those finalists will meet with the MHMC Board (in person, with precautions and social distancing) on June 19 and 22. Dr. Bedard, as MHD Board Chair, and Ms. Sparkman, as MHD Board Vice Chair, are scheduled to meet with the finalists those days.

Mr. Rienks, Dr. Simmonds and Dr. Su agreed that they also should be included in the process. Dr. Bedard, Ms. Sparkman and Mr. Domanico agreed. Dr. Bedard will speak with Ms. Schultz and make the arrangements for the MHD Board members to meet with the candidates separately from the MHMC Board meetings. Mr. Coffey reminded that such a meeting would be a Special Closed Session of the MHD Board.

It was agreed and understood that the MHD Board possibly might wish to choose a CEO different from the MHMC Board's choice, impacting governance and financial considerations.

*d. Board Members' Reports*

Ms. Rienks reminded the other Board members to regularly check their MHD email. There were no other reports from the Board members.

**15. Agenda Items Suggested for Future Meetings**

Ms. Rienks suggested that the Chief of Staff or Chief Medical Officer report to the Board on social determinants of health at the next meeting.

Mr. Bedard suggested a Resolution about the ballot issue regarding district voting vs. at-large voting be presented at the next meeting.

Ms. Sparkman suggested a report on the hospital's 340B program at the next meeting.

**16. Adjournment**

Chair Bedard adjourned the meeting at 7:53 pm.

## Tab 2



**ANNUAL REPORT OF  
CITIZENS BOND OVERSIGHT COMMITTEE  
MARIN HEALTHCARE DISTRICT  
March 2020**

On November 5, 2013, eligible voters of Marin County, California approved Measure F which authorized the Marin Healthcare District (District) to issue \$394,000,000 in general obligation bonds (Bonds) in order to (a) make seismic upgrades to Marin General Hospital to meet stricter California earthquake standards and keep open Marin County's only designated trauma center, (b) expand and enhance emergency and other medical facilities, (c) provide the latest lifesaving medical facilities for treatment of heart, stroke, cancer and other diseases, and (d) reduce emergency room wait times.

After passage of Measure F, the District promulgated the General Obligation Citizens Bond Oversight Committee Charter (Charter), which established the purpose, duties and operations of the Citizens Bond Oversight Committee (Committee). The Marin Healthcare District Board of Directors then selected six Marin County residents to serve as uncompensated members of the Committee for a minimum term of two years.

The Charter states that the role of the Committee is to represent, advocate and promote the interests of District taxpayers and to inform the public concerning the District's expenditure of Bond proceeds. The Charter requires the Committee to report to the public annually on its activities and findings. It is in compliance with this mandate that the Committee submits this Annual Report which covers the period from November 1, 2018 through October 31, 2019.

During the reporting period, the Committee met quarterly in February, May, September and December 2019. In attendance at each Committee meeting in 2019, among others, were the Chief Financial Officer or Interim Chief Financial Officer (CFO) and the Controller or Interim Controller of the District, as well as the Project Manager. At each quarterly meeting, the Committee received updates from the Project Manager on construction progress. It also received updates from District staff on the status of the Bonds, funding and project costs via itemized spreadsheets detailing the expenditure of Bond proceeds as well as spreadsheets detailing future projected expenditures of Bond proceeds. In addition, in September 2019, the Committee took an extensive tour of the construction site.

During the reporting period, the Committee worked closely, yet independently, with the CFO and the financial team, which have the day to day responsibility and accountability to the Board of Directors of the District for Measure F implementation and oversight. This team informed the Committee that it had established internal and external systems and controls to ensure that all Bond proceeds were spent only for purposes consistent with Measure F. Based upon this information and the aforementioned review, to the best knowledge of the Committee, for the period

from November 1, 2018 through October 31, 2019, the District's expenditure of Bond proceeds has been in accordance with the purposes stated in Measure F.

March 19, 2020

**CITIZENS BOND OVERSIGHT COMMITTEE  
MARIN HEALTHCARE DISTRICT**

Chair: Leslie M. Lava

Vice Chair: Jonathan Frieman

Members: Steven Dely, George J. Feiss, Charles D. Reite and Jeffrey E. Tsai

## **Tab 3**



marinhealth<sup>SM</sup>

## Overview of the 340B Drug Pricing Program

*Therese Helser, BSP Pharm, Pharmacy Director*

*July 14, 2020*

# OBJECTIVES

- Discuss how MarinHealth qualifies for the 340B program
- Discuss benefits of the program to MarinHealth including outpatient drug cost savings and revenue to the facility based on contract pharmacy arrangements
- Discuss resources to maintain the 340B program (internal and external)

# BACKGROUND

- The 340B program is a government run program through HRSA (Health Resources and Services Administration) and OPA (Office of Pharmacy Affairs). It was created in 1992.
- The purpose of the 340B program is to enable covered entities such as MarinHealth “to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.”

# WHO IS ELIGIBLE TO PARTICIPATE IN THE 340B PROGRAM?

- MarinHealth qualifies for the 340B program because we are a disproportionate share hospitals (DSH). In order to qualify for the 340B Program, a hospital must have a disproportionate share adjustment greater than 11.75%.

# HOW DO COVERED ENTITIES such as MarinHealth OBTAIN DISCOUNTS?

- After registering with OPA, a covered entity will work with its wholesaler to set up its 340B account.
- The wholesaler will process the covered entity's orders under the 340B account and deliver the 340B drugs to the covered entity in accordance with the covered entity's wholesaler agreement.



# HOW DO COVERED ENTITIES OBTAIN DISCOUNTS?

- HRSA uses a Prime Vendor Program (PVP) through an agreement with Apexus to help negotiate prices.
- Apexus has been able to negotiate favorable prices and develop a national distribution system that may not be possible for some covered entities to obtain individually.

# HOW MUCH DOES the 340B PROGRAM SAVE MarinHealth?

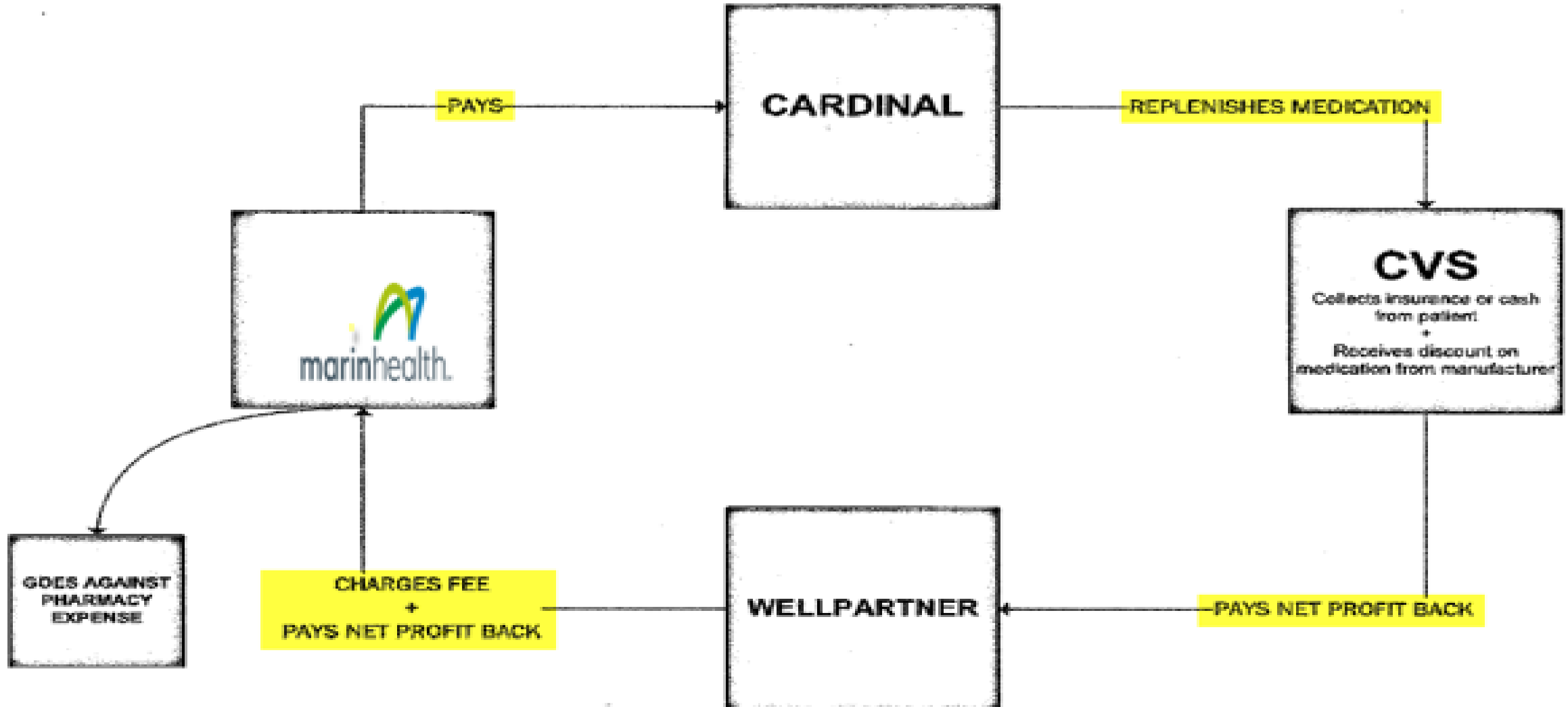
- Pharmaceutical prices available through the 340B program are significantly lower than both retail and wholesale prices.
- In 2015, the Government Accountability Office reported that program participants can save an estimated 20-50% off drug costs.

# 340B Contract Pharmacies

# CAN A COVERED ENTITY USE A CONTRACT PHARMACY (i.e. CVS) TO DISPENSE DISCOUNTED DRUGS TO ELIGIBLE PATIENTS OF THE COVERED ENTITY?

- The 340B program allows for MarinHealth to enter into a contract with outside pharmacies to act as dispensing agents = contract pharmacies.
- MarinHealth and the contract pharmacy must establish and maintain a tracking system to prevent diversion of drugs to individuals who are not patients of the covered entity. This is done by the Pharmacy 340B coordinator and the Pharmacy Informatics staff
- Marin Health uses Wellpartner and Macro-Helix to manage the 340B data and ensure compliance.

# Fee Structure from Wellpartner for CONTRACT PHARMACIES (i.e. CVS) for eligible



# Fee Structure from Wellpartner for CONTRACT PHARMACIES (i.e. CVS) YTD 2020

Dashboard

All Entities

34 Pharmacies

1,748

Net Claims Count

\$133,121.23

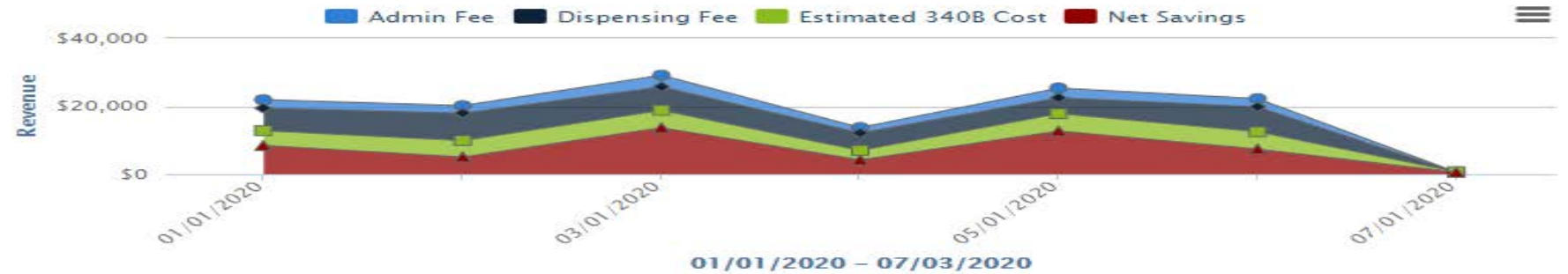
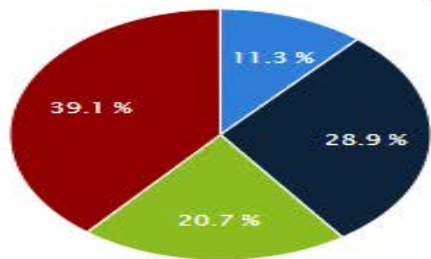
Program Revenue

\$49,716.87

True Net Savings

Percent of Revenue

Insured vs Uninsured



## FEE STRUCTURE FOR 340B PROGRAM – CONTRACT PHARMACIES 2020 YTD

- CARDINAL = 340B cost ~ 21% (green)
- CVS = DISPENSING fees ~ 29% (dark navy)
- WELLPARTNER = ADM fees ~ 11% (light blue)
- **MGH PHARMACY NET REVENUE/SAVINGS = 39% (\$49,716 YTD) (red)**

# Outpatient Drug Cost Savings

# HOW MUCH DOES the 340B PROGRAM SAVE MarinHealth? 2019

## MacroHelix Report: Pharmacy Dashboard

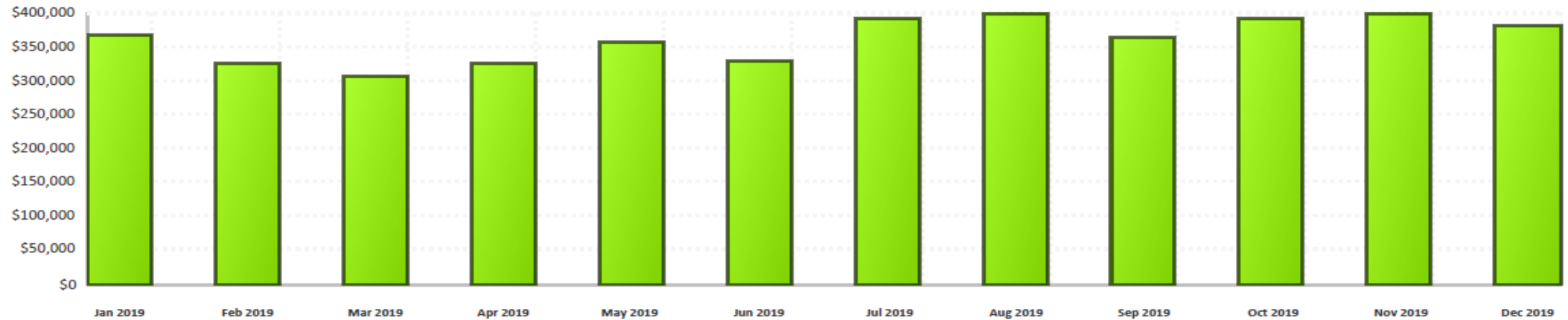
Generated On: 7/2/2020 10:25:50 PM

Report Range: 01/01/2019 To 12/31/2019

Pharmacy Name: MARIN GENERAL HOSPITAL (PID: 12271)

2019 Cost savings due to 340B  
\$4,326,338

## Savings By Pharmacy Chart (340B vs WAC)



PID: 12271



# HOW MUCH DOES the 340B PROGRAM SAVE MarinHealth? (Jan-April 2020)

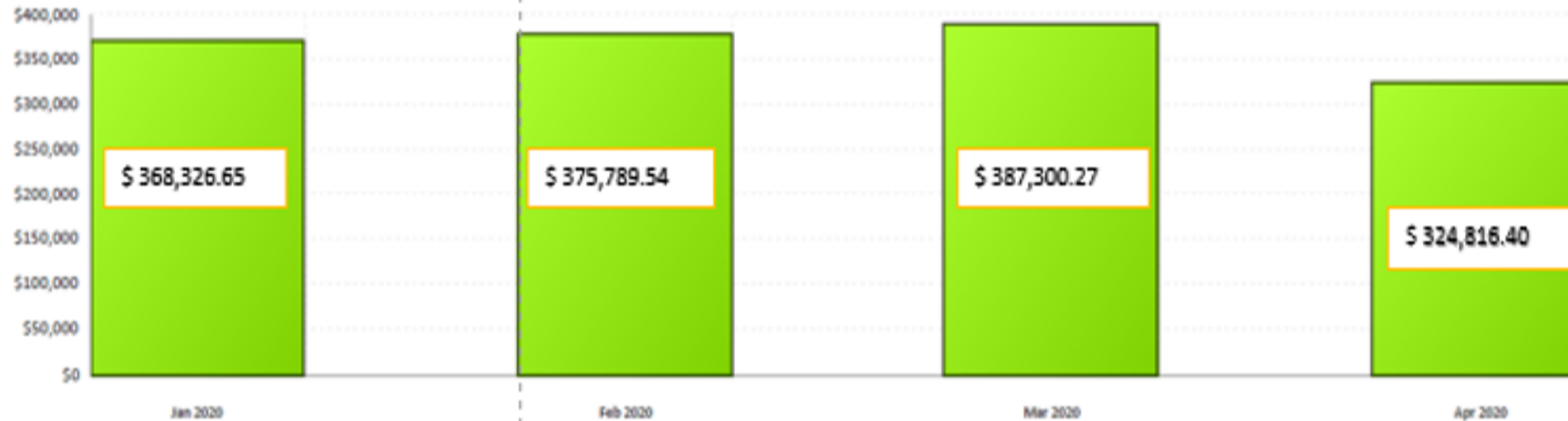
## MacroHelix Report: Pharmacy Dashboard

Generated On: 6/30/2020 4:25:41 PM

Report Range: 01/01/2020 To 04/30/2020

Pharmacy Name: MARIN GENERAL HOSPITAL (PID: 12271)

## Savings By Pharmacy Chart (340B vs WAC)



**340B SAVINGS YTD – JAN-APR 2020 = \$1,456,233**

# HOW IS COMPLIANCE WITH 340B REQUIREMENTS MONITORED AND ENFORCED?

- The 340B statute explicitly authorizes HRSA to audit covered entities (i.e. MarinHealth) to make sure they are compliant with the program.
- HRSA began auditing covered entities in 2012 and currently conducts approximately 200 audits per year.

# HOW IS COMPLIANCE WITH 340B REQUIREMENTS MONITORED AND ENFORCED?

MarinHealth recently had a HRSA audit in December 2019.

- HRSA did not identify any findings with regards to eligibility, diversion or duplicate discounts.
- HRSA did identify 4 areas for improvement:

1. Update hospital qualification information in the OPAIS website at next recertification period (August 2020) to correctly reflect state/local government contract date and government official.

MarinHealth is updating the HRSA website with the correct contract date and government official name at the August recertification period.

2. Engage an independent organization to perform annual audits of its contract pharmacies and implement comprehensive policy and procedures to include performing the independent audit of the contract pharmacies

MarinHealth is engaging Moss Adams an independent contractor to perform an audit of the 340B program 4Q2020.

# HOW IS COMPLIANCE WITH 340B REQUIREMENTS MONITORED AND ENFORCED?

3. Work with contract pharmacies to ensure the contract pharmacy address and name listed on OPAIS reflects accurately in the contract. The information listed needs to match DEA database information.

MarinHealth will update contract pharmacy information in the contract by 3Q2020 for 2 pharmacies need to list their names as DBA: CVS/Pharmacy #09219 and #09957.

4. Regular updates to policy and procedures. (last update: 9/2019)  
MarinHealth will review and update the 340B policies by 4Q2020.

# HOW IS COMPLIANCE WITH 340B REQUIREMENTS MONITORED AND ENFORCED?

- Compliance with 340B program requirements is also enforced through the annual recertification process. This is done by Finance and Pharmacy annually.
- The Finance and Pharmacy departments must attest to full compliance with the 340B program during recertification, including compliance at contract pharmacies.

# HOW IS COMPLIANCE WITH 340B REQUIREMENTS MONITORED AND ENFORCED?

- Both covered entities and manufacturers are subject to penalties if they violate 340B program requirements.
- Penalties can be:
  - a repayment of any savings realized,
  - interest on the savings if serious enough or
  - disqualification from the program.

# HOW DOES MARINHEALTH RECEIVE THE LATEST INFORMATION ON THE PROGRAM and ENSURE COMPLIANCE?

- Pharmacy conducts internal monthly audits of 340B patient areas.
- The revenue cycle team conducts audits monthly.
- Weekly calls with our 340B vendor, Wellpartner.
- Weekly email updates from 340B Health, Adventist and Premier
- Apexus (Prime Vendor) is available for any questions or clarifications.
- Independent audits of the program from an external source such as Moss Adams are conducted periodically.
- Annual attendance at 340B seminars by the 340B coordinator
- 340B University – free access to anyone. All buyer and 340B staff have taken the 340B course.
- MarinHealth is a member of 340B Health.

# Who maintains the 340B program at MarinHealth?

- CFO
- Controller
- Pharmacy Buyer/340B Coordinator
- Clinical Systems Pharmacy Technicians
- Pharmacy Director
- Revenue Cycle Team - Billing, Audits

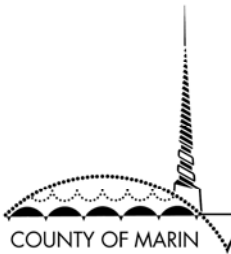
## What resources do we use to keep current and compliant?

- APEXUS                      Macro-Helix
- OPA                              340B University
- 340B Health                  Outside auditors (i.e. Moss Adams)
- Wellpartner                   Premier (Adventist group)



# Questions??

**Tab 4**



June 24, 2020

PRESIDENT

Katie Rice

2<sup>ND</sup> DISTRICT

VICE PRESIDENT

Dennis Rodoni

4<sup>TH</sup> DISTRICT

2<sup>ND</sup> VICE PRESIDENT

Judy Arnold

5<sup>TH</sup> DISTRICT

Damon Connolly

1<sup>ST</sup> DISTRICT

Kathrin Sears

3<sup>RD</sup> DISTRICT

Matthew H. Hymel

COUNTY ADMINISTRATOR

CLERK OF THE BOARD

Marin County Civic Center

3501 Civic Center Drive

Suite 329

San Rafael, CA 94903

415 473 7331 T

415 473 3645 F

415 473 6172 TTY

[www.marincounty.org/bos](http://www.marincounty.org/bos)

Governor Gavin Newsom  
State Capitol  
Sacramento, CA 95814

**RE: COVID-19 Infection Crisis at San Quentin State Prison**

Dear Governor Newsom,

On behalf of the Marin County Board of Supervisors, I write regarding the growing crisis at San Quentin State Prison. As the COVID-19 outbreak there enters its fourth week, with nearly 500 cases, this letter outlines the steps taken by Marin County Public Health and the challenges experienced in supporting the facility and managing this crisis. We ask for your assistance at this time. The most acute needs are the following:

- 1) The establishment of on-site capacity to manage the care of inmates sickened with COVID-19; and
- 2) The establishment of an Incident Commander at the facility with outbreak management expertise, to lead a facility wide response for both inmates and staff, and encompassing infection prevention, contact investigation, testing, isolation/quarantine, and medical care.

San Quentin State Prison lies within Marin County and is managed by the California Department of Corrections and Rehabilitation (CDCR). Marin County Public Health (MCPH) does not have jurisdiction over this facility, and assistance is offered at the request of the facility. In this outbreak MCPH has been asked to provide guidance for consideration by facility leadership. Marin Health Medical Center, located in nearby Greenbrae, has a contractual agreement with San Quentin to provide healthcare for certain inmates who require hospitalization.

On June 1, 2020 MCPH was notified by CDCR that 122 inmates had been transferred from the Chino Institution for Men (CIM) in Southern California to San Quentin State Prison. CIM was experiencing a COVID-19 outbreak and the transfer was an effort to reduce the population in that facility. In our role providing guidance to CDCR, MCPH participated in two meetings with facility leadership within the three days after this transfer.

The transferred inmates had not been tested for COVID-19 within 14 days prior to arrival at San Quentin. Recognizing that some would be infected through exposure at CIM, MCPH recommended testing all transferred inmates, and sequestering them completely from the native San Quentin population. Instead, transferred inmates were tested and placed in a large shared unit with existing San Quentin inmates prior to the return of testing results.

Because this decision placed all inmates and staff working in that unit at risk, MCPH recommended a policy of mandatory mask wearing, and preventing staff who had been exposed in that unit from working in other units. MCPH was informed by CDCR

that local health officers lack the authority to mandate measures in state-run prisons.

Lacking the authority to ensure standard outbreak management, and seeing the consequences of decisions made thus far, on June 3, 2020 MCPH recommended San Quentin leadership establish an incident commander with expertise in outbreak management at the facility. This has not occurred, and a lack of decision-making authority by subject matter experts has led to fundamental gaps in critical domains of outbreak response.

Currently, the plan for the healthcare of critically ill inmates is transfer one by one to regional hospitals, and hospitals are now indicating they can no longer accept San Quentin COVID-19 transfers. This is especially concerning given MCPH's persistent request for such a plan going back to March when we anticipated the possibility of a large outbreak.

The Marin County Public Health Officer raised this concern in a call with Congressman Jared Huffman, State Senator Mike McGuire, and Assembly Member Mark Levine in early May. Assembly Member Levine elevated this concern to your office and issued a press release on May 14 highlighting the unmet need for a prison-specific plan for managing a COVID-19 outbreak.

We respectfully urge your direct intervention on this issue of health equity for inmates, and increasing concern to the County of Marin and its residents.

Respectfully Submitted,



Katie Rice, President  
Marin County Board of Supervisors

Cc: Marin County Board of Supervisors  
Senator Mike McGuire  
Assembly Member Marc Levine  
Ralph M. Diaz, Secretary, California Department of Corrections and Rehabilitation  
Dr. Sonia Y. Angell, Director, California Department of Public Health  
Dr. Matthew Willis, Marin County Public Health Officer