

# MARIN HEALTHCARE DISTRICT

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

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**TUESDAY, JULY 11, 2023**

**BOARD OF DIRECTORS**

**5:30 PM: REGULAR OPEN MEETING**

## **Board of Directors:**

**Chair:** Brian Su, MD (Division 3)  
**Vice Chair:** Edward Alfrey, MD (Div. 5)  
**Secretary:** Ann Sparkman, RN/BSN, JD (Div. 2)  
**Directors:** Jennifer Rienks, PhD (Div. 4)  
Samantha Ramirez, BSW (Div. 1)

## **Staff:**

David Klein, MD, MBA, CEO  
Eric Brettner, CFO  
Colin Leary, General Counsel  
Louis Weiner, Executive Assistant

## **Location for Board:**

MarinHealth Medical Center, Inverness Room  
250 Bon Air Road, Greenbrae CA

## **Public via Zoom video:**

<https://mymarinhealth.zoom.us/join>

Meeting ID: 999 6581 9583

Passcode: 656586

Or via Zoom telephone: 1-669-900-9128

## **AGENDA**

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

	<u>Presenter</u>	<u>Tab #</u>
1. Call to Order and Roll Call	Su	
2. General Public Comments <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>	Su	
3. Approve Agenda (action)	Su	
4. Move to reconfirm findings under Assembly Bill 361 and extend Resolution MHD 2023-02 to continue virtual meetings of the Marin Healthcare District Board of Directors (action)	Su	#1
5. Approve minutes of the Regular Meeting of June 13, 2023 (action)	Su	#2
6. Disclosure of action taken at Board Special Closed Session, July 11, 2023	Klein	
7. Report: MarinHealth Medical Center Patient & Family Advisory Council	Klein/ Sellenriek	#3
8. Status of Magnet Recognition Program at MarinHealth Medical Center	Klein	

The agenda for the 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 recorded and the recordings are posted on the District web site.

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**TUESDAY, JULY 11, 2023**

**BOARD OF DIRECTORS**

**5:30 PM: REGULAR OPEN MEETING**

9. Committee Reports

a. Finance & Audit Committee (*met June 27*)

*Alfrey*

#4

(i) Approve Marin Healthcare District 2022 Report of Independent  
Auditors and Financial Statements (**action**)

b. Lease & Building Committee (*met June 14*)

*Rienks*

10. Reports

a. District CEO's Report

*Klein*

b. Hospital CEO's Report

*Klein*

c. Chair's and Board Members' Reports

*All*

11. Agenda Suggestions for Future Meetings

*All*

12. Adjournment of Regular Meeting

*Chair*

*Next Regular Meeting: Tuesday, August 8, 2023 @ 5:30 p.m.*

**Tab 1**



**MARIN HEALTHCARE DISTRICT BOARD OF DIRECTORS**  
**RESOLUTION NO. MHD 2023-02**  
**RESOLUTION AUTHORIZING REMOTE TELECONFERENCE MEETINGS**  
**PURSUANT TO AB 361**

WHEREAS, all Marin Healthcare District (“District”) meetings are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963); and

WHEREAS, on March 4, 2020, Governor Newsom declared a State of Emergency to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the State prepare for a broader spread of the novel coronavirus disease 2019 (“COVID-19”); and

WHEREAS, on March 17, 2020, in response to the COVID-19 pandemic, Governor Newsom issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act in order to allow local legislative bodies to conduct meetings telephonically or by other means; and

WHEREAS, as a result of Executive Order N-29-20, District staff set up virtual meetings for all meetings of the District Board of Directors and its committees (collectively, “District Meetings”); and

WHEREAS, certain teleconferencing allowances were made under subsequently-enacted AB 361 (2021) and AB 2449 (2022) that replaced now-repealed Executive Order N-29-20; and

WHEREAS, AB 361 (2022) was signed on September 13, 2022 and is in effect through January 1, 2024, and among other things provides in Government Code 54953(e) that (i) a legislative body may use teleconferencing if it holds a meeting during a proclaimed state of emergency and state or local officials have imposed or recommended measures to promote social distancing, which the Board of Directors have done, and (ii) a legislative body may continue using the teleconferencing procedures of AB 361 provided that it makes renewed findings by majority vote every thirty (30) days that it has considered the circumstances of the state of emergency, and that either (a) the state of emergency continues to directly impact the ability of the members to meet safety in person, or (b) state or local officials continue to impose or recommend measures to promote social distancing; and

WHEREAS, the Board of Directors desires to make findings and determinations consistent with AB 361 for District Meetings to utilize the special procedures for teleconferencing provided therein due to imminent risks to the health and safety of attendees; and

WHEREAS, highly contagious Delta and Omicron COVID-19 variants are in circulation, causing increases in COVID-19 cases throughout the State and Marin County; and

WHEREAS, on February 28, 2023, Governor Newsom proclaimed that the State of Emergency declared on March 4, 2020 was no longer in effect; and

WHEREAS, state and local officials continue to impose or recommend measures to promote social distancing, including without limitation through COVID-19 Prevention Non-Emergency Regulations issued by the State of California’s Department of Industrial Relations (the “COVID-19 Prevention Regulations”) that took effect on February 4, 2023; and

Resolution MHD 2023-02

Page 2 of 2

WHEREAS, the CDC continues to recommend source control and physical distancing for everyone in a healthcare setting; and

WHEREAS, the District Board of Directors hereby finds that the continued presence of COVID-19 and the increase of cases due to new variants would present imminent risks to the health or safety of attendees, including the legislative bodies and staff, should District Meetings be held in person.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Marin Healthcare District, that (i) the above recitals are true and correct, and incorporated into this Resolution, and (ii) the Board of Directors makes the following findings: (a) The Board of Directors has considered the circumstances of the State of Emergency, (b) the COVID-19 Prevention Regulations evidence imposition or recommendation of measures to promote social distancing by state and local officials, (c) the CDC continues to recommend source control and physical distancing for everyone in a healthcare setting, and (d) as a result of the presence of COVID-19 and the increase of cases due to the new variants, meeting in person would present imminent risks to the health or safety of attendees, the legislative bodies and staff; and

RESOLVED, FURTHER, that District Meetings may continue to meet remotely in compliance with AB 361 (2022), in order to better ensure the health and safety of the public; and

RESOLVED, FURTHER, that the District Board of Directors will revisit the need to conduct District Meetings remotely within thirty (30) days of the adoption of this resolution.

REVIEWED, APPROVED, AND ADOPTED at a Regular Board Meeting held on the 9th of May, 2023, by the following vote, to wit:

AYES:	Su, Alfrey, Sparkman, Rienks, Ramirez
NOES:	0
ABSENT:	0
ABSTAIN:	0

ATTEST:



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Brian Su, MD  
Chair of the Board



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Ann Sparkman, RN/BSN, JD  
Secretary of the Board

## Tab 2



**MARIN HEALTHCARE DISTRICT  
BOARD OF DIRECTORS**

**REGULAR MEETING**

**Tuesday, June 13, 2023 @ 5:30 pm  
Inverness Conference Room, and via Zoom**

**MINUTES**

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

Chair Su called the Regular Meeting to order at 5:40 pm.

*Board members present:* Chair Brian Su, MD; Vice Chair Edward Alfrey, MD; Secretary Ann Sparkman, RN/BSN, JD (Zoom); Jennifer Rienks, PhD; Samantha Ramirez, BSW  
*Staff present:* David Klein, MD, CEO; Eric Brettner, CFO; Colin Leary, General Counsel; Louis Weiner, EA

**2. General Public Comment**

There was no public comment.

**3. Approve Agenda**

Ms. Rienks moved to approve the agenda as presented. Dr. Alfrey seconded. **Vote: all ayes.**

**4. Move to reconfirm findings under Assembly Bill 361 and extend Resolution MHD 2023-02 to continue virtual meetings of the Marin Healthcare District Board of Directors**

Dr. Alfrey moved to approve as presented. Ms. Rienks seconded. **Vote: all ayes.**

**5. Approve Minutes of the Regular Meeting of May 9, 2023**

Ms. Rienks moved to approve the minutes as presented. Dr. Alfrey seconded. **Vote: all ayes.**

**6. Disclosure of Action Taken at Board Special Closed Session, June 13, 2023**

Dr. Klein reported that in the Closed Session held immediately before this Regular Meeting, the Board discussed District personnel-related matters and no action was taken.

**7. Approval of 2022 Annual Report of MHMC Performance Metrics and Core Services**

Dr. Klein presented the 2022 Annual Report, noting that all Tier 1 and Tier 2 performance metrics are in compliance. This Report was reviewed and approved by the MHMC Board of Directors at their regular meeting on June 6, 2023.

*Schedule 1: HCAHPS* – Ms. Lynn Seaver-Forsey (Exec Dir Quality) noted that each patient satisfaction category was below the 50<sup>th</sup> percentile. Some questions within the categories showed improvements. Discussion followed, disappointments expressed, questions asked and procedures explained. Dr. Klein reported that intensive planning includes new resources focused on patient experience. A kick-off session included an expert from The Beryl Institute, a national leader in the patient experience space.



Dr. Klein remarked generally on *Schedules 2, 3, 4, 5.*

*Schedule 6: Clinical Quality Reporting Metrics* – Ms. Seaver-Forsey noted that the Quality Management Dashboard reports on high risk/high volume cases, and she commented on accomplishments and areas for improvement. Dr. Alfrey asked that the Executive Summary be worded more clearly for public understanding. The Core Measures Dashboard is submitted to Medicare, and shows all measures that are mandatory to report. She commented on accomplishments and areas for improvement. ED turnover time has improved. Sepsis and CAUTI measures have improved. Dr. Alfrey noted lower score for discharge transition; she noted that CMS has introduced new standards in mid-2022. He also requested that the dashboard be made easier to read with clearer explanations.

*Schedule 7: External Awards and Recognition* – Dr. Klein noted there were multiple surveys in 2022 which had successful outcomes, and he remarked on the many awards received in 2022.

*Schedule 8: Community Benefit* – 2022 community benefit, community building, and unpaid cost of Medicare totaled nearly \$160M.

Dr. Klein remarked generally on *Schedules 9, 10, 11, 12.*

Dr. Alfrey moved to approve the 2022 Annual Report of MHMC Performance Metrics and Core Services as presented. Ms. Sparkman seconded. **Vote by roll call: all ayes.**

#### **8. Discussion: Formation of MHD-Sponsored Community Advisory Board**

Dr. Klein reported that the hospital has a Patient & Family Advisory Council (PFAC) that meets bi-monthly to hear and address issues of care. It includes 8-12 patient/family members, medical staff, and is headed by the Exec Dir of Patient Experience, Ms. Anna Sellenriek. Dr. Klein will invite her to address the Board at the next meeting.

Ms. Rienks suggested that the District form a community focus group and to pay people for their participation in the group. It would include people from underrepresented populations to help the District understand how it can better serve and inform the communities. UCSF uses such a focus group format, and she will look into that.

Dr. Su asked if the Board was interested in forming a new group, or to consider expanding PFAC. Ms. Rienks advised looking into best practices at other institutions. Dr. Alfrey expressed support for a District-based group, and did not support paying people for their participation.

Dr. Klein advocated expanding PFAC to include the District's interests. Dr. Su suggested the next step be the Board's review of PFAC, with Ms. Sellenriek addressing the Board at the next meeting, and all generally agreed.

#### **9. Report: Outpatient Clinic Safety Program**

Dr. Klein reported that professional training slides and videos ("Code Silver Drills") are now available for any clinical office. Beginning in August, a dedicated trainer will begin scheduling visits to clinical offices and groups to give required training to their staffs.

IAM (Integrated Assault Management Training), a de-escalation and self-defense program, has begun for hospital and outpatient clinic staffs.

Local law enforcement agencies are working with clinics for access points, security and physical space risk assessment.





## **10. Committee Reports**

### *A. Finance & Audit Committee*

Dr. Alfrey reported that the committee did not meet and there is nothing to report.

### *B. Lease & Building Committee*

Ms. Rienks reported that the “Adolescent Eating Disorders” seminar on May 24 was engaging and interesting. About 10 people attended in person, and about 10 attended live online. It was discussed that the hybrid format was perhaps not ideal, that future seminars be either in-person or virtual. An interactive in-person format might be more effective, depending on the topic.

Ms. Jill Kinney (VP Communication), who organized the event, felt that this topic was too narrow, and that future topics be broader for greater appeal to the community. Research should be done to learn (e.g. Google data) what the community demands.

## **11. Reports**

### *A. District CEO's Report*

Dr. Klein reported that McCarthy construction sub-drainage and other repair issues continue to be worked on toward finalization.

Hybrid OR will be completed and opened in October/November.

Outpatient Behavioral Health project, including new garden, will open in August.

Lab equipment and space modifications are complete this week.

Pharmacy compounding project is being designed and will be completed next year.

Conditional use permit for the Petaluma medical hub has been issued. Design and construction work moves forward toward opening in November 2024. Primary care, OB/GYN, urology, cardiology and other specialties will be there.

### *B. Hospital CEO's Report*

Dr. Klein reported that the hospital continues to have strong patient volumes across all areas. Finances and EBIDA continue strong.

The taxable revenue bonds recently approved by this Board have been issued, is fully subscribed, the funds have been received and shows on the balance sheet.

The new MarinHealth brand launch is in full force and is very well received.

Dr. Klein recently met with the Marin IJ editorial board, and more positive press is anticipated.

MarinHealth has been named “Large Business of the Year” by the San Rafael Chamber of Commerce.

The Ambulatory Services Building project now has an approximate cost, and funding resources and strategies are being explored.

Quality and patient safety, and the patient experience, are the hospital's highest priority. Funding and planning structural initiatives are strongly underway.

Leapfrog rating is now “B”.

“Quality Sustainability Award” has been awarded to MHMC Maternity Services by CMQCC (California Maternal Quality Care Collaborative), for the third year in a row.

MRI facilities are upgrading and expanding.

Breast Health Center accreditation survey was successful, with no deficiencies.



Dr. Klein will be a keynote speaker this week at a national healthcare leadership conference in Wisconsin.

*C. Chair's and Board Members' Reports*

Dr. Alfrey reported that he and Ms. Ramirez are planning a weekend 4-hour health fair event in the Canal area to provide screenings for hypertension, diabetes, and healthy eating. They are engaging specialists to assist. There will be local advertising. Dr. Klein noted that funding can be made available.

Ms. Ramirez had nothing further to report.

Ms. Rienks reported that she is concluding a major project, and will now have more time available for District Board support.

Ms. Sparkman had nothing further to report.

Dr. Su had nothing further to report.

**12. Agenda Suggestions for Future Meetings**

Ms. Sparkman asked for an update on the Magnet Nursing Program. Dr. Klein agreed to provide.

Ms. Rienks suggested a report from the County Commission on Aging. Dr. Klein agreed to make contact and invitation.

Dr. Su said he will ask Dr. Matt Willis to give a post-Covid update on the county's new priorities, projects and goals, and how the District can help.

**13. Adjournment of Regular Meeting**

Dr. Su adjourned the meeting at 7:02 pm.

## Tab 3

# MarinHealth

## *Patient & Family Advisory Council (PFAC)*

Board Update  
July 2023



# Background

*of the Patient & Family Advisory Council (PFAC)*

- Established 2016
- Meets every other month for 1.5 - 2 hours
- Objective of the PFAC:
  - ✓ **Listen, seek input, understand, and take action on the perspective and needs of our customers** (patients, families, visitors)
  - ✓ **Work as a team to ensure the next patient or family member's journey is easier** (continual improvement)



*2017 - Provided input on the Oak Pavilion (MGH 2.0) mock-up rooms*

# Membership

The committee consists of a balance of Patients & Family Members with a range of experiences (positive and negative), as well as multi-disciplinary MarinHealth leadership:

- Executive Director of Patient Experience (Committee Chair)
- **8 - 12 Patients & Family Members**
- **MarinHealth Leadership** (with a range of oversight)
- **Hospitalist Physician**

## Current Members:

*A variety of experiences within our health system*

1. Mother of a child born with disabilities
2. Patient treated for Sepsis and C. diff
3. Wife of a frequent patient
4. Prostate cancer survivor
5. Widow of a cancer patient, and daughter of 2 parents (all passed away here)
6. Braden diabetes patient
7. Stroke patient
8. Daughter of an elderly mother
9. Parent of children who volunteered here
10. Mother of 3 young boys who frequent the Emergency Department

# Meetings

Consist of :

- Safety Moment + Relationship Based Care (RBC) Moment
- **Open Forum** (10 - 15 minutes), where Patient & Family Members can bring up a new topic for discussion and follow-up
- **1 to 3 presentations** from MarinHealth Leadership
  - Presenters share an upcoming project, communication or current hot topic in healthcare (i.e. Covid protocols, Stroke, etc.)
  - Presenters come with questions for the PFAC (to seek patient/family input)
  - Active discussion is highly encouraged

## 3 PFAC Members integrated into additional hospital committees:

- ✓ Performance Improvement Committee
- ✓ Central Council
- ✓ Cancer Committee



# Recent Topics

- **Post-Op Discharge Folder** content
- **ED Waiting Room** patient/family facing communication (brochure, TV screen content)
- Participated in a **Beta Heart Focus Group**
- **Welcome letter** (Med/Surg) review of language
- **Care Coordination Handout** (re: explaining the difference between SNF, Rehab, Long Term Care, etc.)
- **Wayfinding Cards** feedback (doing a real-life walkthrough)
- **APeX Go-Live:** MyChart communication to patients (brochure, posters, FAQ), MyChart Bedside, Go-Live Letter to patients
- **Patient Safety Poster** design (Med/Surg patient room pilot)



2023 – Attended MarinHealth  
Employee Wellness Fair



## Tab 4



Final Draft

*Report of Independent Auditors and  
Financial Statements*

**Marin Healthcare District**

*December 31, 2022 and 2021*



MOSSADAMS

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## **Management's Discussion and Analysis**

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# **Marin Healthcare District**

## **Management's Discussion and Analysis**

### **Years Ended December 31, 2022 and 2021**

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This section of Marin Healthcare District's (the District) financial statements presents management's discussion and analysis of the financial activities of the District for fiscal years ended December 31, 2022 and 2021. We encourage the reader to consider the information presented here in conjunction with the financial statements as a whole.

#### **INTRODUCTION TO THE FINANCIAL STATEMENTS**

This discussion and analysis are intended to serve as an introduction to the District's audited financial statements. This annual report is prepared in accordance with the Governmental Accounting Standards Board (GASB) Statement No. 34, *Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments*.

The required financial statements include the statement of net position, the statement of revenues, expenses, and changes in net position, and the statement of cash flows. The notes to financial statements, and this summary, provide support to these statements. All information must be considered together to obtain a complete understanding of the financial picture of the District.

#### Statement of Net Position

This statement includes all assets and liabilities using the accrual basis of accounting as of the statement date. The difference between the two classifications is represented as "net position" this section of the statement identifies major categories of restrictions on these assets and reflects the overall financial position of the District as a whole.

#### Statement of Revenues, Expenses, and Changes in Net Position

This statement presents the revenues earned and the expenses incurred during the year using the accrual basis of accounting. Under the accrual basis, all increases or decreases in net position are reported as soon as the underlying event occurs, regardless of the timing of the cash flow. Consequently, revenues and/or expenditures reported during this fiscal year may result in changes to cash flows in a future period.

#### Statement of Cash Flow

This statement reflects inflows and outflows of cash, summarized by operating, capital and noncapital and related financing, and investing activities. The direct method was used to prepare this information, which means gross rather than net amounts were presented for the year's activities.

#### Notes to Financial Statements

This additional information is essential to a full understanding of the data reported in the financial statements. The District is a political subdivision of the state of California. It is the sole member of Marin General Hospital, dba MarinHealth Medical Center (MHMC) and is governed by a publicly-elected Board of Directors.

**Marin Healthcare District**  
**Management's Discussion and Analysis**  
**Years Ended December 31, 2022 and 2021**

**ANALYTICAL REVIEW**

The statement of net position and statement of revenues, expenses, and changes in net position present a summary of the District's activities.

Condensed Statements of Net Position

	December 31,		
	2022	2021	2020
<b>Assets</b>			
Current and other assets	\$ 32,125,493	\$ 34,624,822	\$ 36,313,761
Capital assets, net of accumulated depreciation	417,949,830	429,837,712	444,271,644
<b>Total assets</b>	<b>\$ 450,075,323</b>	<b>\$ 464,462,534</b>	<b>\$ 480,585,405</b>
<b>Liabilities</b>			
Current portion of bond payable	\$ 955,000	\$ 680,000	\$ 430,000
Other current liabilities	6,497,001	8,913,990	22,768,542
Bond payable, net of current portion	386,397,216	388,328,642	389,985,067
<b>Total liabilities</b>	<b>393,849,217</b>	<b>397,922,632</b>	<b>413,183,609</b>
Deferred inflows of resources			
Deferred inflows related to leases	10,366,037	10,816,734	-
<b>Net position</b>			
Net investment in capital assets	41,112,409	50,295,762	62,774,429
Unrestricted	4,747,660	5,427,406	4,627,367
<b>Total net position</b>	<b>45,860,069</b>	<b>55,723,168</b>	<b>67,401,796</b>
<b>Total liabilities, deferred inflows of resources, and net position</b>	<b>\$ 450,075,323</b>	<b>\$ 464,462,534</b>	<b>\$ 480,585,405</b>

Total assets decreased by 3% or \$14,387,211 as of December 31, 2022, compared to December 31, 2021, primarily due to decrease in capital assets as a result of depreciation expense. Total assets decreased by 6% or \$27,345,473 as of December 31, 2021, compared to December 31, 2020, primarily due to decrease in assets limited to use – bond funds.

Liabilities decreased by 1% or \$4,073,415 as of December 31, 2022, compared to December 31, 2021, primarily due to reduction in accrued construction costs. Liabilities decreased by 4% or \$15,260,977 as of December 31, 2021, compared to December 31, 2020, primarily due to reduction in accrued construction costs.

The overall changes to net position is a decrease of \$9,863,099, resulting in a December 31, 2022, balance of \$45,860,069. An unrestricted net position of \$4,747,660 exists for the year ended December 31, 2022, as a result of resources in excess of net investments in capital assets.

**Marin Healthcare District**  
**Management's Discussion and Analysis**  
**Years Ended December 31, 2022 and 2021**

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Condensed Statement of Revenue, Expenses, and Changes in Net Position

	2022	2021	2020
Operating revenues	\$ 953,945	\$ 956,814	\$ 531,124
Operating expenses	12,471,684	14,890,290	1,764,623
Operating loss	(11,517,739)	(13,933,476)	(1,233,499)
Tax revenue	16,395,037	16,616,446	11,647,284
Interest and investment (loss) income	(449,822)	(56,252)	160,244
Bond interest expense	(14,290,575)	(14,305,346)	-
Total nonoperating revenues, net	1,654,640	2,254,848	11,807,528
Gain on sale of Clinics assets	-	-	770,096
Transfer of payment for sale of Clinics assets to MHMC	-	-	(1,054,924)
Total special and extraordinary items	-	-	(284,828)
(Decrease) increase in net position	\$ (9,863,099)	\$ (11,678,628)	\$ 10,289,201

*Operating Revenues and Expenses*

For the years ending December 31, 2022, 2021, and 2020, operating losses were primarily due to the depreciation incurred by the District.

*Nonoperating Revenues and Expenses*

Tax revenue represents property tax assessments by Marin County on District property owners, which will be used to make bond interest and principal payments in the future. Property tax assessments are based upon expected debt service for the following year and vary depending on scheduled bond principal and interest payment amounts.

**ECONOMIC OUTLOOK AND MAJOR INITIATIVES**

*The Hospital Facilities Seismic Upgrade Act (SB 1953)*

The District has assumed responsibility for compliance with the Hospital Facilities Seismic Upgrade Act (SB 1953) classification SPC2 and through Hazus 2010. The District has received an extension to 2030.

# Marin Healthcare District Management's Discussion and Analysis Years Ended December 31, 2022 and 2021

## *Business Segment Disposal*

In January 2019 the District entered into an agreement with Prima Medical Foundation, dba MarinHealth Medical Network (MHMN) and University of California, San Francisco (UCSF), whereby the Clinic's physicians rendered their services and professional service agreements to the UCSF academic license 1206(g). As part of the agreement, MHMN gained control and operation of the Clinics, and assumed responsibility of all the District's prepaid assets, intangible assets, property leases, and notes payable related to the Clinics. Furthermore, on January 1, 2019, the District entered into a purchase and sale agreement with MHMN for the purchase of capital assets and inventory.

## *Measure F*

On November 5, 2013, the voters of the District passed Measure F, which authorized the District to issue \$394,000,000 in bonds to improve the MHMC facility and related facilities with new construction, acquisitions, and renovations.

In November 2015, the District issued \$170,000,000 of bonds, at a premium, resulting in total proceeds of \$178,687,120. A portion of those proceeds were used to reimburse MHMC for the construction of a parking structure and for design and site improvements preparatory to the commencement of construction of the new hospital facility.

In September 2017, the District issued \$224,000,000 of bonds, at a premium, resulting in total proceeds of \$243,612,033. The proceeds continue to be used for the construction of the new hospital facility.

## **BUDGET RESULTS**

The Board of Directors approves the operating budget of the District. The budget remains in effect the entire period, but is updated as needed for internal management use to reflect changes in activity and approved variances. A budget comparison and analysis for the year ended December 31, 2022, is presented below.

	<u>Actual</u>	<u>Budget</u>
Operating revenues	\$ 953,945	\$ 590,615
Operating expenses	<u>12,471,684</u>	<u>12,893,665</u>
Operating loss	<u>(11,517,739)</u>	<u>(12,303,050)</u>
Tax revenue	16,395,037	16,395,036
Bond interest expense	(14,290,575)	(14,290,572)
Interest and investment (loss) income	<u>(449,822)</u>	<u>70,541</u>
Nonoperating revenues	<u>1,654,640</u>	<u>2,175,005</u>
Decrease in net position	<u>\$ (9,863,099)</u>	<u>\$ (10,128,045)</u>

The budget above is for the operations of the District, which includes bond-related revenue and expenses.



# Marin Healthcare District

## Management's Discussion and Analysis

### Years Ended December 31, 2022 and 2021

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**Operating revenues** – The majority of the District's operating revenues are comprised of rental revenue earned from MHMC, with a trivial amount of other revenue, and were \$363,330 in excess of budget.

**Operating expenses** – The District conducts programs such as community healthcare education and support for hospital programs. The District's operating expenses were \$421,981 under budget, due to lower support to MHMC programs.

**Tax revenue** – The District earned tax revenue, which represents property tax assessments by Marin County on District property owners, which will be used to make bond interest and principal payments in the future.

**Interest and investment (loss) income** – The District earned interest and dividend income and incurred investment losses from the accounts in which the investment loss is held.

### CAPITAL ASSETS

As of December 31, 2022, the District had \$417,949,830 invested in a variety of capital assets, as reflected in the following schedule, which represent a net decrease of \$11,887,882 from December 31, 2021. The decrease as of December 31, 2022, is the result of an increase in accumulated depreciation due to annual depreciation expense.

	Balance at December 31,	
	2022	2021
Land	\$ 865,701	\$ 865,701
Hospital buildings and leasehold improvements	471,683,811	471,683,811
Equipment	18,784,416	18,784,416
Less accumulated depreciation	(73,384,098)	(61,496,216)
Capital assets, net of accumulated depreciation	<u>\$ 417,949,830</u>	<u>\$ 429,837,712</u>

### CONTACTING THE DISTRICT'S FINANCIAL MANAGEMENT

This financial report is intended to provide citizens, taxpayers, and creditors with a general overview of the District's finances. Questions about this report should be directed to Marin Healthcare District to the attention of the chief financial officer or the chair of the finance and audit committee at 415-464-2090.

## **Report of Independent Auditors**

The Board of Directors  
Marin Healthcare District

### **Report on the Audit of the Financial Statements**

#### ***Opinion***

We have audited the financial statements of Marin Healthcare District (the District), which comprise the statements of net position as of December 31, 2022 and 2021, and the related statements of revenues, expenses, and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Marin Healthcare District as of December 31, 2022 and 2021, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the California Code of Regulations, Title 2, Section 1131.2, State Controller's Minimum Audit Requirements for California Special Districts. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Marin Healthcare District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### ***Emphasis of Matter***

As discussed in Note 5 to the financial statements, for the years ended December 31, 2021 and 2020, the District adopted new accounting guidance, Governmental Accounting Standards Board Statement No. 87, *Leases*. Our opinion is not modified with respect to this matter.

#### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Marin Healthcare District's ability to continue as a going concern within one year after the date that the financial statements are issued.

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Marin Healthcare District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Marin Healthcare District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal-control-related matters that we identified during the audit.

***Other Matter******Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that management's discussion and analysis on pages 1 through 5 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, which considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

A handwritten signature in dark ink that reads "Moss Adams LLP". The signature is written in a cursive, flowing style.

Rancho Cordova, California  
July 12, 2023

## Financial Statements

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Final Draft

**Marin Healthcare District**  
**Statements of Net Position**  
**December 31, 2022 and 2021**

	2022	2021
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 748,672	\$ 712,254
Investments	3,463,546	3,976,384
Current portion of bond assets held in trust	7,311,292	2,426,274
Tax revenue receivable	6,216,670	6,785,670
Lease receivable	11,136,137	11,222,602
Prepaid expenses	6,000	3,600
Total current assets	28,882,317	25,126,784
<b>NONCURRENT ASSETS</b>		
Deposits	36,000	36,000
Capital assets, net of accumulated depreciation	417,949,830	429,837,712
Bond assets held in trust, net of current portion	3,207,176	9,462,038
Total noncurrent assets	421,193,006	439,335,750
Total assets	\$ 450,075,323	\$ 464,462,534
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accrued expenses	\$ 137,037	\$ 127,579
Accrued construction costs	3,673	2,421,620
Accrued interest expense	6,356,291	6,364,791
Current portion of bonds payable	955,000	680,000
Total current liabilities	7,452,001	9,593,990
BONDS PAYABLE, net of current portion	386,397,216	388,328,642
Total liabilities	393,849,217	397,922,632
<b>DEFERRED INFLOWS OF RESOURCES</b>		
Deferred inflows of resources - lease	10,366,037	10,816,734
<b>NET POSITION</b>		
Net investment in capital assets	41,112,409	50,295,762
Unrestricted	4,747,660	5,427,406
Total net position	45,860,069	55,723,168
Total liabilities, deferred inflows of resources, and net position	\$ 450,075,323	\$ 464,462,534

**Marin Healthcare District**  
**Statements of Revenues, Expenses, and Changes in Net Position**  
**Years Ended December 31, 2022 and 2021**

	<u>2022</u>	<u>2021</u>
OPERATING REVENUES		
Lease income	\$ 450,697	\$ 450,697
Interest income related to lease	<u>503,248</u>	<u>506,117</u>
Total operating revenues	<u>953,945</u>	<u>956,814</u>
OPERATING EXPENSES		
Purchased services	392,513	371,229
Depreciation and amortization	11,887,882	11,943,181
Charitable contributions	48,213	45,821
Loss on impairment of capital assets	-	2,490,751
Other	<u>143,076</u>	<u>39,308</u>
Total operating expenses	<u>12,471,684</u>	<u>14,890,290</u>
Operating loss	<u>(11,517,739)</u>	<u>(13,933,476)</u>
NONOPERATING REVENUES (EXPENSES)		
Tax revenue	16,395,037	16,616,446
Interest and investment loss	(449,822)	(56,252)
Bond interest expense	<u>(14,290,575)</u>	<u>(14,305,346)</u>
Total nonoperating revenues, net	<u>1,654,640</u>	<u>2,254,848</u>
DECREASE IN NET POSITION	(9,863,099)	(11,678,628)
NET POSITION, beginning of year	<u>55,723,168</u>	<u>67,401,796</u>
NET POSITION, end of year	<u><u>\$ 45,860,069</u></u>	<u><u>\$ 55,723,168</u></u>

**Marin Healthcare District**  
**Statements of Cash Flows**  
**Years Ended December 31, 2022 and 2021**

	2022	2021
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Receipts from tenants	\$ 503,248	\$ 506,117
Payments to suppliers and others	(576,744)	(691,924)
Net cash used in operating activities	(73,496)	(185,807)
<b>CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES</b>		
Purchases of capital assets	(2,417,947)	(13,618,106)
Principal payments on bonds payable	(680,000)	(430,000)
Interest payments on bonds payable	(15,275,501)	(15,286,251)
Proceeds from lease receivable	86,465	44,829
Tax revenue related to general obligation bonds	16,964,037	16,338,407
Net cash used in capital and related financing activities	(1,322,946)	(12,951,121)
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of investments	-	(250,000)
Proceeds from sales and maturities of investments	-	250,000
Net proceeds from sales and maturities of bond assets held in trust	1,351,327	13,074,533
Earnings (losses) on investments	81,533	(22,405)
Net cash provided by investing activities	1,432,860	13,052,128
<b>NET CHANGES IN CASH AND CASH EQUIVALENTS</b>	36,418	(84,800)
<b>CASH AND CASH EQUIVALENTS, beginning of year</b>	712,254	797,054
<b>CASH AND CASH EQUIVALENTS, end of year</b>	\$ 748,672	\$ 712,254
<b>RECONCILIATION OF OPERATING LOSS TO NET CASH USED IN OPERATING ACTIVITIES</b>		
Operating loss	\$ (11,517,739)	\$ (13,933,476)
Adjustments to reconcile operating loss to net cash used in operating activities:		
Depreciation and amortization	11,887,882	11,943,181
Loss on impairment of capital assets	-	2,490,751
Changes in certain assets and liabilities:		
Prepaid expenses	(2,400)	(3,600)
Accrued expenses	9,458	(231,966)
Deferred inflows of resources - lease	(450,697)	(450,697)
Net cash used in operating activities	\$ (73,496)	\$ (185,807)



**NOTE 1 – BASIS OF PRESENTATION AND ACCOUNTING POLICIES**

**Reporting entity** – Marin Healthcare District (the District) is a political subdivision of the state of California. District directors are elected officials whose sole mission is to promote the health and welfare of the residents of the communities served by the District. The District operated the Marin General Hospital facility (the Hospital Facility) until 1985, when it reorganized in compliance with local hospital district law of the state of California.

The District's principal asset is hospital property, plant, and equipment. The Hospital Facility is a general acute-care facility located in Marin County, California, and provides inpatient and outpatient healthcare services. Inpatient facilities consist of medical-surgical, pediatrics, maternity, nursery, intensive care, coronary, psychology, radiology, and laboratory services. The Hospital Facility is leased to Marin General Hospital, dba MarinHealth Medical Center (MHMC). The financial information of MHMC is not included in these financial statements.

Effective June 30, 2010, the District became the sole member of MHMC and appointed its initial Board of Directors. The MHMC Board is responsible for oversight of the operations of MHMC and the District has certain ongoing reserve powers and governance oversight responsibilities.

The District is also a forum for discussion of local healthcare issues, promotes healthcare services within the community, and acts on behalf of the public as an advocate of high-quality, reasonably priced healthcare services.

**Business segment disposal** – On January 1, 2019, the District entered into an agreement with Prima Medical Foundation, dba MarinHealth Medical Network (MHMN) and University of California, San Francisco (UCSF), whereby the Clinic's physicians rendered their services and professional service agreements to the UCSF academic license 1206(g). As part of the agreement, MHMN gained control and operation of the Clinics, and assumed responsibility of all the District's prepaid assets, intangible assets, property leases, and notes payable related to the Clinics. Furthermore, on January 1, 2019, the District entered into a purchase and sale agreement with MHMN for the purchase of capital assets and inventory.

**Proprietary fund accounting** – The activities of the District are accounted for as an Enterprise Fund. Enterprise Funds are accounted for on the flow of economic resources measurement focus and use the accrual basis of accounting. Under the method, revenues are recorded when earned and expenses are recorded at the time obligations are incurred. Tax revenue is recognized in the period in which the property tax is levied. Tax revenue is collected by the County for payment, when due, of the principal and interest on the bonds.

**Accounting standards** – Pursuant to Government Accounting Standards Board (GASB) Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 Financial Accounting Standards Board (FASB) and American Institute of Certified Public Accountants (AICPA) Pronouncements*, the District's proprietary fund accounting and financial reporting practices are based on all applicable GASB pronouncements as well as codified pronouncements issued on or before November 30, 1989, and the California Code of Regulations, Title 2, Section 1131.2, State Controller's Minimum Audit Requirements for California Special Districts and the State Controller's Office prescribed reporting guidelines.

Proprietary fund operating revenues, such as charges for services, result from exchange transactions associated with the principal activity of the fund. Exchange transactions are those in which each party receives and gives up essentially equal values. Nonoperating revenues, such as subsidies, property tax revenue, and investment earnings, result from nonexchange transactions or ancillary activities.

## Marin Healthcare District

### Notes to Financial Statements

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The District may fund programs with a combination of cost-reimbursement grants, categorical block grants, and general revenues. Thus, both restricted and unrestricted net positions may be available to finance program expenditures. The District's policy is to first apply restricted grant resources to such programs, followed by general revenues, if necessary.

**Use of estimates** – The financial statements have been prepared in conformity with accounting principles generally accepted in the United States, and as such, include amounts based on informed estimates and judgments of management with consideration given to materiality. Actual results could differ from those estimates.

**Net position** – Net position is the excess of all the District's assets over all its liabilities, regardless of fund. Net position is divided into three components. These captions apply only to net position, which is determined only at the government-wide level and are described below:

*Net investment in capital assets* – The portion of the net position that is represented by the current net book value of the District's capital assets, less the outstanding balance of any debt issued to finance these assets.

*Restricted* – The portion of net position that is restricted as to use by the terms and conditions of agreements with outside parties, governmental regulations, laws, or other restrictions, which the District cannot unilaterally alter. The District has no restricted net positions.

*Unrestricted*: The portion of net position that is not restricted to use.

**Cash and cash equivalents** – Cash and cash equivalents include cash in bank checking, money market funds, and investments in highly liquid debt instruments with a maturity of three months or less when purchased.

**Investments** – Investments consist of mutual funds and are stated at fair value. Realized gains and losses, unrealized gains and losses, and interest are included in the statements of revenue, expenses, and changes in net position as other revenue. Interest of \$94,670 and \$67,175, and realized and unrealized losses of (\$549,065) and (\$55,544) for the years ended December 31, 2022 and 2021, respectively, are included in interest and investment loss on the statements of revenues, expenses, and changes in net position.

**Bond assets held in trust** – The District reports all investments at fair value. The fair value of investments is based on published market prices and quotations from major investment brokers. Interest of \$39,433 and \$947, and realized and unrealized (losses) gains of (\$57,950) and \$4,321 are included in interest and investment loss on the statements of revenues, expenses, and changes in net position for years ended December 31, 2022 and 2021, respectively.

**Lease receivable** – Lease receivable is recognized at the net present value of the leased assets at a borrowing rate determined by the District, reduced by principal payments received.

**Capital assets** – Capital assets are recorded at cost. Depreciation is provided for on the straight-line basis over the estimated useful lives of the assets. The capitalization threshold is \$5,000.

Capital assets are considered impaired when their service utility declines significantly and unexpectedly. An impairment loss is recognized for the difference between the carrying value of the asset and its fair value or adjusted depreciated value, depending on the nature of the impairment. There was no impairment recorded for the year ended December 31, 2022. An impairment of \$2,490,751 has been recorded for the year ended December 31, 2021. The impairment was related to a write-off of planning costs for a project that was discontinued.

**Deferred inflows of resources** – In addition to liabilities, the statement of net position will sometimes report a separate section for deferred inflows of resources. This separate financial statement element represents an acquisition of net position that applies to a future period(s) and as such, will not be recognized as an inflow of resources (revenue) until that time. Included in deferred inflows of resources of the District are deferred lease resources related to lessor arrangements.

**Risk management** – The District is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; and natural disasters for which the District carries commercial insurance.

**Lease income** – The District recognizes lease income and reimbursement of operating expenses when earned. The District derives all of its lease income from MHMC (see Note 5).

**Operating revenues and expenses** – The District's statements of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from leasing the Hospital Facility to MHMC. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred in order to lease the Hospital Facility, including loss on impairment of capital assets.

**Grants and contributions** – The District may periodically receive grants and contributions from other governmental entities, individuals, or private organizations; revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

**Amortization of bond premiums** – Premiums arising from the issuance of bonds are capitalized and amortized using the straight-line amortization method, which approximates the effective interest method.

## Marin Healthcare District

### Notes to Financial Statements

#### NOTE 2 – CASH, CASH EQUIVALENTS, INVESTMENTS, AND BOND ASSETS HELD IN TRUST

The District's cash, cash equivalents, investments, and bond assets held in trust as of December 31 were as follows:

	2022	2021
Cash in bank	\$ 420,339	\$ 387,599
State of California's Local Agency Investment Fund (LAIF)	328,333	324,655
Cash and cash equivalents	748,672	712,254
Investments		
Mutual funds	2,088,587	2,381,944
Money market funds	10,152	10,138
U.S. fixed income commingled funds	1,364,807	1,584,302
	3,463,546	3,976,384
Bond assets held in trust		
Money market funds	10,518,468	9,519,403
U.S. Treasury obligations	-	2,368,909
	10,518,468	11,888,312
Total	\$ 14,730,686	\$ 16,576,950

Cash balances from all funds are combined and invested, to the extent possible, pursuant to the District Board's approved Investment Policy and Guidelines and Statement Government Code. The District's investments are carried at fair value.

**Cash in bank** – Cash in the bank represents amounts held in the District's general operating accounts.

**LAIF** – The District places certain funds with the LAIF. The District is a voluntary participant in LAIF, which is regulated by California Government Code Section 16429 under the oversight of the Treasurer of the state of California and the Pooled Money Investment Board. The state Treasurer's office pools these funds with those of other governmental agencies in the state and invests the cash. The fair value of the District's investment in this pool is reported in the accompanying financial statements based upon the District's pro-rata share of the fair value provided by LAIF for the entire LAIF portfolio (in relation to the amortized cost of that portfolio). The monies held in the pooled investment funds are not subject to categorization by risk category. The balance available for withdrawal is based on the accounting records maintained by LAIF, which are recorded on the amortized cost basis. Funds are accessible and transferable to the master account with 24 hours' notice. Financial statements for LAIF can be obtained from the California State Treasurer's Office, 915 Capitol Mall, Suite 110, Sacramento, California, 95814.

The management of the state of California Pooled Money Investment Account has indicated to the District that as of December 31, 2022 and 2021, the estimated market value of the pool (including accrued interest) was \$30,035,298 and \$29,848,346, respectively. The District's proportionate share of that value is \$328,333 and \$324,655 as of December 31, 2022 and 2021, respectively.

**Mutual funds and money market funds** – The District's mutual funds and money market funds are primarily invested in government and corporate debt, asset-backed securities, U.S. Treasury securities, and global debt. The objective of these funds is to provide steady cash flow to investors.

**U.S. fixed income commingled funds** – This class includes investments in commingled funds that invest primarily in domestic equity or debt securities. The objective of these investments is to capture similar market returns in their respective indices. The funds' underlying positions are all marketable and priced regularly, but the majority of the funds themselves are priced monthly on a net asset value basis. U.S. fixed income commingled funds are accessible for full liquidity on a daily basis.

**Bond assets held in trust** – Investments from proceeds of bond issuances are restricted by applicable California law and the various bond resolutions associated with each issuance, generally, to certain types of investments. These investments include obligations of the United States of America, Federal Housing Administration debentures, obligations of government-sponsored agencies, unsecured certificates of deposits, demand deposits, time deposits and bankers' acceptances, deposits the aggregate amount of which are fully insured by the Federal Deposit Insurance Corporation in banks, commercial paper, money market funds, state obligations, the Marin County Investment Pool, and LAIF.

The District's investments include amounts held in trust by the paying agent. The District currently invests in money market funds, and U.S. Treasury obligations, and management regularly monitors the credit rating of the investment companies issuing the investments as part of monitoring the District's exposure to credit risk.

**Investment risk factors** – Many factors can affect the value of investments, such as credit risk, custodial credit risk, and concentration of credit risk.

**Credit risk** – Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. The District's investment policy requires that when investing, reinvesting, purchasing, acquiring, exchanging, selling, or managing public funds, the Chief Executive Officer and Chief Financial Officer of the District shall act with care, skill, prudence, and diligence under the circumstances then prevailing, including, but not limited to, the general economic conditions and the anticipated needs of the District, to safeguard the principal and maintain the liquidity needs of the District.

**Custodial credit risk** – Custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, the District will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty (e.g., broker-dealer) to a transaction, the District will not be able to recover the value of its investment or collateral securities that are in the possession of another party.

California law requires banks and savings and loan associations to pledge government securities with a market value of 110% of the District's cash on deposit or first trust deed mortgage notes with a value of 150% of the deposit as collateral for these deposits. Under California law, this collateral is held in the District's name and places the District ahead of general creditors of the institution.

## Marin Healthcare District

### Notes to Financial Statements

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**Concentration of credit risk** – Concentration of credit risk is the risk associated with a lack of diversification, such as having substantial investments in a few individual issuers, thereby exposing the District to greater risks resulting from adverse economic, political, regulatory, geographic, or credit developments. The securities the District is invested in as of December 31, 2021 and 2020, are subject to the quality, diversification, and other requirements of Rule 2a-7 under the Investment Company Act of 1940, as amended, and other rules of the Securities and Exchange Commission. The District will only purchase securities that present minimal credit risk.

Financial instruments that potentially expose the District to concentrations of credit risk consist principally of cash and cash equivalents on deposit with financial institutions, the balances of which frequently exceed federally insured limits. On March 10, 2023, SVB was closed by the California Department of Financial Protection and Innovation, which appointed the FDIC as receiver. If any of the financial institutions with whom we do business were to be placed into receivership, we may be unable to access to the cash we have on deposit with such institutions. If we are unable to access our cash and cash equivalents as needed, our financial position and ability to operate our business could be adversely affected.

#### NOTE 3 – FAIR VALUE OF MEASUREMENTS

GASB 72, *Fair Value Measurement and Application*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GASB 72 also establishes a fair value hierarchy that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The standard describes three levels of inputs that may be used to measure fair value:

**Level 1** – Quoted prices in active markets for identical assets

**Level 2** – Observable inputs other than Level 1 prices, such as quoted prices in active markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets.

**Level 3** – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets.

## Marin Healthcare District Notes to Financial Statements

The following tables present information about the District's assets measured at fair value on a recurring basis as of December 31:

2022				
	Fair Value at Reporting Date Using			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Money market funds	\$ 10,528,620	\$ -	\$ -	\$ 10,528,620
Mutual funds				
Govt/Corp intermediate	1,287,758	-	-	1,287,758
Corp/Pref-high yield	800,829	-	-	800,829
U.S. fixed income commingled funds*	-	-	-	1,364,807
Total investments	<u>\$ 12,617,207</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 13,982,014</u>
2021				
	Fair Value at Reporting Date Using			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Money market funds	\$ 9,529,541	\$ -	\$ -	\$ 9,529,541
U.S. Treasury obligations	2,368,909	-	-	2,368,909
Mutual funds				
Govt/Corp intermediate	1,585,497	-	-	1,585,497
Corp/Pref-high yield	796,447	-	-	796,447
U.S. fixed income commingled funds*	-	-	-	1,584,302
Total investments	<u>\$ 14,280,394</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 15,864,696</u>

\*The amounts of marketable securities measured at net asset value (NAV) presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net position.

During 2022 and 2021, there was no activity in Level 3 investments.

Commingled funds are reported at fair value as reported by the fund managers based on discounted cash flows, estimated market values, and other unobservable inputs. The commingled funds report fair value using a calculated NAV. There are no redemption limitations, except as noted below, or unfunded commitments at December 31, 2022.

# Marin Healthcare District

## Notes to Financial Statements

Commingled Fund	Redemption	Redemption Notice Period	Redemption Availability
U.S. fixed income commingled funds	Any business day of each month	2 business days prior to trade date	Within 2 business days after trade date (subject to liquidity limitations)

GASB Statement No. 40, *Deposit and Investment Risk Disclosures—an Amendment of GASB Statement no. 3*, requires the District to disclose the maturities of its investments (other than U.S. government obligations or obligations guaranteed by the U.S. government). A summary of scheduled maturities by investment type as of December 31, follows:

2022				
Investment maturities (in years)				
	Fair Value	Less than 1	1 to 5	More than 5
Money market funds	\$ 10,528,620	\$ 10,528,620	\$ -	\$ -
	10,528,620	\$ 10,528,620	\$ -	\$ -
Mutual funds	2,088,587			
U.S. fixed income commingled funds	1,364,807			
	<u>\$ 13,982,014</u>			
2021				
Investment maturities (in years)				
	Fair Value	Less than 1	1 to 5	More than 5
Money market funds	\$ 9,529,541	\$ 9,529,541	\$ -	\$ -
U.S. Treasury obligations	2,368,909	2,368,909	-	-
	11,898,450	\$ 11,898,450	\$ -	\$ -
Mutual funds	2,381,944			
U.S. fixed income commingled funds	1,584,302			
	<u>\$ 15,864,696</u>			



# Marin Healthcare District

## Notes to Financial Statements

### NOTE 4 – CAPITAL ASSETS

The following is a summary of changes in capital assets during the years ended December 31, 2022 and 2021:

	Life (Years)	Balance December 31, 2021	Additions	Deletions	Loss	Balance December 31, 2022
Nondepreciable						
Land	N/A	\$ 865,701	\$ -	\$ -	\$ -	\$ 865,701
Total nondepreciable		865,701	-	-	-	865,701
Depreciable						
Hospital buildings	40	470,305,916	-	-	-	470,305,916
Equipment	3 to 20	18,784,416	-	-	-	18,784,416
Leasehold improvements	40	1,377,895	-	-	-	1,377,895
Total depreciable		490,468,227	-	-	-	490,468,227
Accumulated depreciation						
Hospital buildings	N/A	(41,333,905)	(11,887,882)	-	-	(53,221,787)
Equipment	N/A	(18,784,416)	-	-	-	(18,784,416)
Leasehold improvements	N/A	(1,377,895)	-	-	-	(1,377,895)
Total accumulated depreciation		(61,496,216)	(11,887,882)	-	-	(73,384,098)
Total depreciable, net		428,972,011	(11,887,882)	-	-	417,084,129
Total capital assets, net		\$ 429,837,712	\$ (11,887,882)	\$ -	\$ -	\$ 417,949,830

  

	Life (Years)	Balance December 31, 2020	Additions	Deletions	Loss	Balance December 31, 2021
Nondepreciable						
Land	N/A	\$ 865,701	\$ -	\$ -	\$ -	\$ 865,701
Total nondepreciable		865,701	-	-	-	865,701
Depreciable						
Hospital buildings	40	472,796,667	-	-	(2,490,751)	470,305,916
Equipment	3 to 20	18,784,416	-	-	-	18,784,416
Leasehold improvements	40	1,377,895	-	-	-	1,377,895
Total depreciable		492,958,978	-	-	(2,490,751)	490,468,227
Accumulated depreciation						
Hospital buildings	N/A	(29,390,724)	(11,943,181)	-	-	(41,333,905)
Equipment	N/A	(18,784,416)	-	-	-	(18,784,416)
Leasehold improvements	N/A	(1,377,895)	-	-	-	(1,377,895)
Total accumulated depreciation		(49,553,035)	(11,943,181)	-	-	(61,496,216)
Total depreciable, net		443,405,943	(11,943,181)	-	(2,490,751)	428,972,011
Total capital assets, net		\$ 444,271,644	\$ (11,943,181)	\$ -	\$ (2,490,751)	\$ 429,837,712

Depreciation expense of capital assets was \$11,887,882 and \$11,943,181 for the years ended December 31, 2022 and 2021, respectively.

## Marin Healthcare District

### Notes to Financial Statements

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**Construction and other capital commitments** – As of December 31, 2022 and 2021, the District spent \$0 related to various construction and other capital projects in progress. As of December 31, 2022 and 2021, the District has outstanding commitments with contractors for approximately \$3,673 and \$2,421,620 related to these projects, respectively.

#### NOTE 5 – LEASE OF MARIN HEALTHCARE DISTRICT FACILITY

The District is a lessor for a noncancellable lease. Effective December 1, 1985, the District leased the Hospital Facility to MHMC for a term of 30 years pursuant to Section 32126 of the Local Hospital District Law. The lease matured on December 1, 2015, and a new lease was executed in August 2014 with an effective date of December 2, 2015, for a term of 30 years. The base rent is \$500,000 annually, plus an annual Consumer Price Index (CPI) increase. Additional rent is conditional on MHMC achieving certain financial benchmarks.

**Lease receivable** - The District's lease receivable is measured at the present value of lease payments expected to be received during the lease term. Under the lease agreement, the District may receive variable lease payments that are dependent upon changes in CPI. The variable payments are recorded as an inflow of resources in the period the payment is received. The deferred inflow of resources is recorded at the initiation of the lease in an amount equal to the initial recording of the lease receivable. The deferred inflows of resources are amortized on an effective interest method basis over the term of the lease.

**New accounting pronouncements** - In June 2017, the GASB issued GASB Statement No. 87, *Leases* ("GASB 87"), which intends to better meet the information needs of financial statement users by improving accounting and financial reporting for leases by governments. GASB 87 increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. The statement establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments' leasing activities. GASB 95 extended the effective date for GASS 87 to fiscal years beginning after June 15, 2021. The District adopted (GASB 87) as of January 1, 2021. As lessor, the District's adoption of GASB 87 resulted in recognition of lease receivable of \$11,136,137 and deferred inflow of \$10,366,037 as of December 31, 2022.

## Marin Healthcare District Notes to Financial Statements

The future principal and interest lease receipts as of December 31, 2022 are as follows:

<u>Years Ending December 31</u>	<u>Principal Payments</u>	<u>Interest Payments</u>	<u>Total</u>
2023	\$ 450,697	\$ 498,123	\$ 948,820
2024	450,697	491,110	941,807
2025	450,697	483,178	933,875
2026	450,697	474,270	924,967
2027	450,697	464,332	915,029
Thereafter	8,112,552	5,055,265	13,167,817
	<u>\$ 10,366,037</u>	<u>\$ 7,466,278</u>	<u>\$ 17,832,315</u>

### NOTE 6 – BONDS PAYABLE

On November 10, 2015, the District issued \$157,385,000 of Marin Healthcare District General Obligation Bonds, Election of 2013, Series 2015A, and \$12,615,000 of Marin Healthcare District General Obligation Bonds, Election of 2013, Series 2015B. The 2015A and 2015B bonds bear interest at rates of 2.00% to 5.00% and 0.40%, respectively. Interest on the bonds will accrue from the date of delivery and is payable semiannually on February 1 and August 1 each year, commencing on February 1, 2016. Principal amounts will be paid on August 1.

On September 7, 2017, the District issued \$224,000,000 of Marin Healthcare District General Obligation Bonds, Election of 2013, Series 2017A. The 2017A bonds bear interest at rates of 2.00% to 5.00%. Interest on the bonds will accrue from the date of delivery and is payable semiannually on February 1 and August 1 each year, commencing on February 1, 2018. Principal amounts will be paid on August 1.

The bonds were authorized at an election held in the District on November 5, 2013, at which more than two-thirds of the qualified electors voting on the proposition voted to authorize the issuance and sale of up to \$394,000,000 principal amount of general obligation bonds of the District (Measure F). The bond proceeds are authorized to be used to make seismic upgrades to MHMC to meet stricter California earthquake standards; to expand and enhance emergency and other medical facilities; to provide the latest lifesaving medical facilities for treatment of heart, stroke, and other diseases, to reduce emergency room wait times; to improve MHMC and related facilities with new construction, acquisitions, and renovations; and to pay all necessary legal, financial, engineering, and contingent costs in connection therewith.

The Series 2015A Bonds maturing on or before August 1, 2025, are not subject to redemption prior to their respective stated maturity dates. The Series 2015A Bonds maturing on or after August 1, 2026, are subject to redemption prior to their respective stated maturity dates, at the option of the District, from any source of funds, in whole or in part, on August 1, 2025, or on any date thereafter at par amount thereof, without premium, together with interest accrued thereon to the date of redemption. The Series 2015A Bonds maturing on August 1, 2040, and on August 1, 2045, shall be subject to redemption prior to maturity, without a redemption premium, in part by lot, from mandatory sinking fund payments, beginning August 1, 2036, and August 1, 2041, respectively. The Series 2015B Bonds are not subject to redemption prior to maturity.

## Marin Healthcare District

### Notes to Financial Statements

The Series 2017A Bonds maturing on or before August 1, 2027, are not subject to redemption prior to their respective stated maturity dates. The Series 2017A Bonds maturing on or after August 1, 2028, are subject to redemption prior to their respective stated maturity dates, at the option of the District, from any source of funds, in whole or in part, on August 1, 2027, or on any date thereafter at par amount thereof, without premium, together with interest accrued thereon to the date of redemption.

The District incurred interest costs related to the General Obligation Bonds of \$14,290,575 and \$14,305,346 for the years ended December 31, 2022 and 2021, respectively.

The general obligation bonds represent the general obligation of the District. The Board of Supervisors of the County has the power and is obligated to cause annual ad valorem taxes to be levied upon all property within the District, subject to taxation by the District, and collected by the County for payment, when due, of the principal and interest on the bonds.

The activity for bonds payable for the year ended December 31, 2022 and 2021, was as follows:

	Outstanding December 31, 2021	Issued	Matured / Redeemed During Year	Outstanding December 31, 2022	Due Within One Year
General obligation bonds					
Series 2015 bonds	\$ 154,120,000	\$ -	\$ (680,000)	\$ 153,440,000	\$ 955,000
Series 2017 bonds	211,305,000	-	-	211,305,000	-
Plus					
Series 2015 premium	6,870,610	-	(296,574)	6,574,036	-
Series 2017 premium	16,713,032	-	(679,852)	16,033,180	-
Total	<u>\$ 389,008,642</u>	<u>\$ -</u>	<u>\$ (1,656,426)</u>	<u>\$ 387,352,216</u>	<u>\$ 955,000</u>
	Outstanding December 31, 2020	Issued	Matured / Redeemed During Year	Outstanding December 31, 2021	Due Within One Year
General obligation bonds					
Series 2015 bonds	\$ 154,550,000	\$ -	\$ (430,000)	\$ 154,120,000	\$ 680,000
Series 2017 bonds	211,305,000	-	-	211,305,000	-
Plus					
Series 2015 premium	7,167,183	-	(296,573)	6,870,610	-
Series 2017 premium	17,392,884	-	(679,852)	16,713,032	-
Total	<u>\$ 390,415,067</u>	<u>\$ -</u>	<u>\$ (1,406,425)</u>	<u>\$ 389,008,642</u>	<u>\$ 680,000</u>

## Marin Healthcare District Notes to Financial Statements

A summary of debt service requirements for the next five years and to maturity as of December 31, 2022, is as follows:

<u>Years Ending December 31,</u>	<u>Principal</u>	<u>Interest</u>
2023	\$ 955,000	\$ 15,255,100
2024	1,250,000	15,216,900
2025	1,570,000	15,166,900
2026	2,210,000	15,104,100
2027	3,005,000	14,999,500
2028–2032	29,280,000	72,134,300
2033–2037	60,915,000	62,471,400
2038–2042	103,435,000	46,690,500
2043–2047	162,125,000	20,524,600
	<u>\$ 364,745,000</u>	<u>\$ 277,563,300</u>

### NOTE 7 – COMMITMENTS AND CONTINGENCIES

**Compliance with the Hospital Facilities Seismic Upgrade Act** – The District has assumed responsibility for compliance with the Hospital Facilities Seismic Upgrade Act (SB 1953) classification SPC2 and through Hazus 2010. The District has received an extension to 2030.

**Regulatory environment** – The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to periodic government review, interpretation, and audits, as well as regulatory actions unknown and unasserted at this time.

**Litigation** – The District is party to various claims and legal actions in the normal course of business. In the opinion of management, the District has substantial meritorious defenses to pending or threatened litigation and, based upon current facts and circumstances, the resolution of these matters is not expected to have a material adverse effect on the District's financial statements.

### NOTE 8 – PROPERTY TAXES

The county treasurer acts as an agent to collect property taxes levied in the county for all taxing authorities. Taxes are levied annually on approximately October 1 based upon assessed property values as of January 1 of the preceding year. Assessed values are established by the county assessor at 100% of fair market value. Taxes are due in two equal installments on December 10 and April 10. Collections are distributed as collected to the District by the county treasurer.

The District is permitted by law to levy up to 1% of assessed property values for general district purposes. The District may also levy taxes at a lower rate. Further amounts of tax need to be authorized by the vote of the people.

## Marin Healthcare District

### Notes to Financial Statements

For 2022 and 2021, the District did not have a regular tax levy. There is a voter-approved tax levy for service of the general obligation bonds. For 2022 and 2021, the tax levy for bond service was \$16,395,037 and \$16,616,446, respectively.

Property taxes are recorded as receivables when levied. Because state law allows for sale of property for failure to pay taxes, no estimate of uncollectible taxes is made.

#### NOTE 9 – RESTATEMENT

The adoption of GASB 87 resulted in adjustments to the prior period financial statements as follows at December 31, 20221:

	As previously presented	Adjustment	As restated
<b>Statements of net position</b>			
Asset:			
Lease receivable	\$ -	\$ 11,222,602	\$ 11,222,602
Deferred inflows of resources and net position:			
Deferred inflows of resources - leases	\$ -	\$ (10,816,734)	\$ (10,816,734)
Unrestricted	\$ 5,021,538	\$ 405,868	\$ 5,427,406
Net position, end of year	\$ 55,317,300	\$ 405,868	\$ 55,723,168
<b>Statements of revenues, expenses and changes in net position</b>			
Lease income	\$ 550,946	\$ (100,249)	\$ 450,697
Interest income related to lease	\$ -	\$ 506,117	\$ 506,117
Operating loss	\$ (14,339,344)	\$ 405,868	\$ (13,933,476)
Decrease in net position	\$ (12,084,496)	\$ 405,868	\$ (11,678,628)
<b>Statements of cash flows</b>			
Cash flows from operating activities:			
Receipt from tenants	\$ 550,946	\$ (44,829)	\$ 506,117
Net cash used in operating activities	\$ (140,978)	\$ (44,829)	\$ (185,807)
Cash flows from capital and related financing activities			
Proceeds from lease receivable	\$ -	\$ 44,829	\$ 44,829
Net cash used in capital and related financing activities	\$ (12,995,950)	\$ 44,829	\$ (12,951,121)
Reconciliation of operating loss to net cash from operating activities			
Operating loss	\$ (14,339,344)	\$ 405,868	\$ (13,933,476)
Deferred inflows of resources - lease	\$ -	\$ (450,697)	\$ (450,697)