

MARIN HEALTHCARE DISTRICT

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

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TUESDAY, JULY 8, 2025

BOARD OF DIRECTORS

5:30 PM: REGULAR OPEN MEETING

Board of Directors:

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

Staff:

David Klein, MD, MBA, CEO
Eric Brettner, CFO
Colin Leary, General Counsel
Tricia Lee, Executive Assistant

Location:

MarinHealth Medical Center
Conference Center
250 Bon Air Road, Greenbrae CA

Public option: Zoom video:

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

Meeting ID: **987 7245 6255**

Passcode: **156223**

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	Alfrey	
2. General Public Comment <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>	Alfrey	
3. Approve Agenda (action)	Alfrey	
4. Approve Minutes of the Regular Meeting of June 10, 2025 (action)	Alfrey	#1
5. Department of Transportation SS4A Grant Application	Alfrey	
6. Establishment of Primary Care Access Task Force ad hoc Committee and Appointment of Initial Members Pursuant to Article V, Section 5 of the Bylaws of the Marin Health Care District (action)	Alfrey	
7. Marin Civil Grand Jury Report: Marin County First Responders: Supporting Those Who Support Us	Alfrey	#2
8. Healthcare Advocacy and Emerging Challenges and Trends	Klein	

The agenda for the meeting will be posted and distributed at least 72 hours prior to the meeting.
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Meetings open to the public are recorded and the recordings are posted on the District web site.

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TUESDAY, JULY 8, 2025

BOARD OF DIRECTORS

5:30 PM: REGULAR OPEN MEETING

9. Committee Reports

A. Finance & Audit Committee

Su

B. Lease, Building, Education & Outreach Committee

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

Alfrey

Next Regular Meeting: Tuesday, August 12, 2025 @ 5:30 p.m.

Tab 1



**MARIN HEALTHCARE DISTRICT
BOARD OF DIRECTORS**

REGULAR MEETING

**Tuesday, June 10, 2025
MarinHealth Medical Center
Conference Center**

MINUTES

1. Call to Order and Roll Call

Chair Alfrey called the Regular Meeting to order at 5:30 pm.

Board members present: Chair Edward Alfrey, MD; Vice Chair Ann Sparkman, RN/BSN, JD; Secretary Jennifer Rienks, PhD; Brian Su, MD; Samantha Ramirez, BSW

Staff present: David Klein, MD, CEO; Eric Brettner, CFO (Zoom); Colin Leary, General Counsel; Jill Kinney, VP, Marketing & Communications; Tricia Lee, EA

2. General Public Comment

About 20 members of the public attended, and several offered comments: Monica, Pharmacy Technician; Cierra Thlang, CT Technologist; Hadas Carranza, Pharmacy Technician; Jennifer Raven, CT Technologist; Susanna Farber, Teamsters 856 Representative. They commented on changes to their health insurance plan.

3. Approve Agenda

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

4. Approve Minutes of the Regular Meeting of May 13, 2025

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

5. Marin Public Health Strategies Regarding the Impact of the New Administration on the Immigrant Community

Dr. Lisa Santora, Public Health Officer for the County of Marin, presented on "Marin Public Health Strategies Regarding the Impact of the New Administration on the Immigrant Community." She outlined how recent federal policy shifts have significantly heightened fear, trauma, and legal insecurity within Marin's immigrant populations, especially among mixed-status families and newcomer minors. She provided a historical and demographic overview, noting the increasing ethnic diversity of Marin County, the growing proportion of Latino residents (now estimated at 20%), and the county's distinction as having one of the highest rates of newcomer minors in California. She emphasized that these communities are not only vital to the county's cultural fabric but also essential to its future workforce and economic sustainability, particularly as Marin faces projected population decline over the coming decades.

Dr. Santora highlighted the current public health challenges, including reduced healthcare access due to fear of deportation, concern over data sharing tied to Medi-Cal enrollment, and an anticipated rollback of Medi-Cal coverage for undocumented residents by 2026. She noted that this would likely increase delayed care and uncompensated costs, particularly for safety-net providers such as MarinHealth. The presentation also addressed socioeconomic disparities in income, educational attainment, and health outcomes, with a call to action for collective efforts to mitigate these gaps. Dr. Santora shared that the Marin Board of Supervisors recently approved \$500,000 to support legal and family aid services, and she outlined the work of county-led immigrant rights coalitions, rapid response networks, and community resiliency teams in supporting vulnerable residents.

Discussion followed with Board members expressing deep concern about the effects of federal enforcement, healthcare access, and the well-being of immigrant families and staff. Board members supported expanding community partnerships, trauma-informed training, education-focused outreach, and potential investment in promotores and youth promotores programs. Several members raised the importance of ensuring safe discharge planning, improving post-diagnosis education, and increasing community-based services in areas like the Canal. The Board expressed willingness to collaborate on neighborhood health initiatives, vaccine access, and outreach events, and emphasized the need to protect patient privacy, especially in the context of potential ICE activity in healthcare settings.

6. Approval of 2024 Annual Report of MHMC Performance Metrics and Core Services

Dr. Klein presented the 2024 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 3, 2025.

Schedule 1: HCAHPS (Patient Satisfaction) – Ms. Seaver-Forsey reviewed the Q4 2024 HCAHPS scores, highlighting key performance trends under Press Ganey’s new reporting structure. She reported 11 of the 17 patient experience questions improved from Q3 to Q4, including communication with physicians and nurses, care transitions, and communication about medications.

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

Schedule 6: Clinical Quality Reporting Metrics – Ms. Seaver-Forsey reported Q4 mortality rate was the lowest of the year at 0.65, indicating better-than-expected outcomes given patient complexity.

Schedule 7: External Awards – Dr. Klein reported MarinHealth achieved multiple awards in 2024, including Leapfrog, CMS 5-Star designation, and recognition from several national publications.

Schedule 8: Community Benefit – Report given

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

Chair Alfrey asked for a motion to approve the Report. Dr. Su moved to approve the report as presented. Ms. Rienks seconded. **Vote: all ayes.**

7. Primary Care Access

Dr. Alfrey revisited the topic of primary care access, which had been discussed at the previous meeting.

Dr. Alfrey proposed forming a task force to explore these issues related to Primary Care Access. Ms. Rienks and Ms. Sparkman volunteered to serve on the taskforce.

Dr. Alfrey requested a motion to approve the taskforce. However, it was noted that this was not an agenda item, so formal board approval could not occur at this meeting.

Mr. Leary noted per the bylaws, the Chair can appoint members with board discussion and return with a formal ratification at the next meeting.

8. Healthcare Advocacy and Emerging Challenges and Trends

Dr. Klein reported the U.S. House of Representatives has passed a federal budget reconciliation package that, in its current form, includes hundreds of billions of dollars in cuts to Medicaid. The California Hospital Association (CHA) estimates that this could result in tens of billions in healthcare cuts to Californians over the next decade. The bill is currently in the Senate, where changes are expected. Dr. Klein expressed concern about the disproportionate impact such cuts may have on California.

Dr. Klein highlighted risks associated with Office of Health Care Affordability's (OHCA) cost containment efforts, which could force hospitals to reduce spending at rates unsustainable given inflation, wage pressures, and regulatory mandates. A Senate subcommittee is reviewing the potential negative consequences on both consumers and providers, particularly whether such cuts would result in lower insurance premiums, and how inflation, seismic safety mandates, and labor costs are factored in. CHA has voiced opposition to a bill that would allow OHCA to impose penalties on individual hospitals, noting it was not adequately considered.

Dr. Klein reported there is growing scrutiny around the proposed Managed Care Organization (MCO) tax structure. Specifically whether it unfairly targets Medi-Cal and risks losing federal matching funds. Dr. Klein noted the importance of continued funding of Medi-Cal through the MCL tax, encouraging the State to uphold its financial commitment even if federal matches are delayed or denied.

Dr. Klein announced that the American College of Surgeons (ACS) recently adopted a national resolution on electric bicycle safety and injury prevention. The initiative, influenced by work from local physicians including Dr. Alfrey and Dr. Maa, includes sensible regulations on rider classification, helmet use, and licensing standards. This reflects a significant advocacy

milestone for injury prevention.

9. Committee Reports

A. *Finance & Audit Committee (Met May, 28, 2025)*

Dr. Su provided an update on the District's investment portfolio, noting that the committee continues to transition toward the target allocation of 40% equity and 60% fixed income. As of the meeting, the portfolio stands at 32% equity and 52% fixed income, with a total value of \$4.6 million. The District previously determined it would maintain six months of cash on hand, approximately \$300K, but currently holds \$800K. Plans are in place to reallocate \$500K into investments, including \$350K currently in the LAIF fund.

Dr. Su also reported on a detailed analysis of community education seminar spending. In 2024, the District hosted three seminars—focused on healthy eating, advance directives, and hypertension—at a total cost of \$52K, which is under the \$69K budgeted.

Advertising through traditional media such as the Marin IJ and SF Chronicle remains costly, at approximately \$2,000 per ad. Dr. Su encouraged exploring more cost-effective options such as digital advertising. He encouraged the Lease, Building, Education, and Outreach Committee to consider whether these costs align with the District's goals and how best to allocate funds going forward. To improve financial tracking, the committee requested that educational seminar and pop-up event spending be reported as a separate line item in future budgets, rather than spread across multiple categories.

The committee also reviewed financial statements for January through March 2025. No unusual variances were noted, with the exception of a \$700K shift in March, which reflected the movement of funds into the investment account.

Dr. Su discussed the value of in-kind services provided to the District under the hospital lease agreement. Although these services are not reflected as direct expenditures, they represent a significant contribution—estimated at \$509K annually in the original agreement, adjusted to approximately \$700K with Consumer Price Index (CPI). The committee, in consultation with legal counsel and hospital representatives, is working to develop a summary report detailing these contributions, including office space and shared personnel. This work is intended to support transparency and help inform any future lease negotiations. Dr. Su noted that this will be a high-level estimate, not a detailed time-tracking exercise, and is aimed at helping the District better understand the public resources it receives and how they align with its evolving mission.

B. *Lease, Building, Education and Outreach Committee (did not meet)*

No report given

10. Reports

A. *Hospital and District CEO's Report:*

Dr. Klein reported ongoing discussions regarding long-term planning for a new hospital tower. Funding options are being explored, including the possibility of a future tax measure. He also noted, plans for addressing parking infrastructure needs are underway.

Dr. Klein reported the organization has submitted a comprehensive seismic design plan for the services currently housed in the Redwood Pavilion, including architectural renderings. This ensures the District remains compliant with regulatory requirements, regardless of whether a new building project moves forward.

Dr. Klein noted patient access continues to be a top priority, both within the hospital and across the MarinHealth network. The organization is working closely with its network partner, Optum, to improve systems and performance. Dr. Klein noted significant improvements in primary care access metrics.

Dr. Klein reported patient satisfaction scores in the Network have remained strong, with CAPHS “likelihood to recommend” scores in the high 80th to 90th percentile.

Dr. Klein reported recruitment for primary care providers remains a focus. Three new primary care physicians will start in September, and eight additional candidates are actively being considered. He also reported several locum tenens physicians are also under review for potential permanent positions.

The organization has begun contract negotiations with the Teamsters and will soon begin bargaining with the California Nurses Association (CNA).

Dr. Klein reported on facility and security updates:

- Improvements in peri-operative areas: room renovations, lighting, cooling, and video integration.
- The replacement MRI scanner on South Eliseo is nearing completion.
- Pharmacy compounding suite is underway with completion by end of year.
- New weapons detection system installed at ER has been implemented.
- Visitor badging system will provide direct access for District and Operating Board members without check-in.
- Launch of a free valet parking service, which is handling over 100 vehicles per day and has significantly improved patient satisfaction.

Dr. Klein reported MarinHealth has hired Dr. Whitney Lieb as the new Vice President of Medical Affairs for the network.

Dr. Klein shared the organization recently held its first hospital-wide picnic for staff and families, with over 500 attendees, noting the strong turnout and positive feedback.

Dr. Klein reported the Primary Stroke Program and Advanced Inpatient Diabetes Surveys were completed with excellent results.

Dr. Klein shared that MarinHealth will host approximately 20 West Coast hospital CEOs later in the week as part of the Viziant Group's quarterly meeting. These sessions rotate among member hospitals, and MarinHealth will have the opportunity to showcase its strengths — including low “left without being seen” rates in the emergency department and a strong new graduate nursing program.

B. Chair's and Board Members' Reports:
No report given

10. Agenda Suggestions for Future Meetings

Ms. Rienks suggested inviting a representative from Marin Community Clinics to speak at a future meeting.

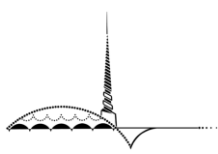
Ms. Rienks also suggested a representative from Canal Alliance to speak at a future meeting.

Ms. Sparkman suggested inviting a representative from the Marin Community Foundation to present, especially regarding their involvement in the Promise Neighborhoods initiative and the Canal Promise Neighborhood.

11. Adjournment of Regular Meeting

Chair Alfrey adjourned the meeting at 7:55 pm.

Tab 2



Marin County First Responders: Supporting Those Who Support Us

June 17, 2025

SUMMARY

Every day, police, fire, paramedics, and emergency department (ED) personnel confront societal challenges that many of us rarely face directly: substance abuse, mental health crises, violence, and homelessness. Emergency Medical Services (EMS) is the County¹ agency that provides a comprehensive system that delivers health and safety services to individuals experiencing sudden illness or injury.² EMS is under the direction of the Department of Health and Human Services and works in close collaboration with the Marin County Fire Department (Marin Fire), overseeing paramedics.

Marin³ has made important strides in improving both the quality of services available to address these complex issues and the tools *provided* to first responders. However, the Marin County Civil Grand Jury (Grand Jury) finds the following gaps that should be closed:

- Marin currently has a limited number of alternative response teams with mental health and social work expertise to assist law enforcement. Marin should have more coverage.
- Marin currently depends mostly upon jail and emergency departments to safely sober those publicly intoxicated by drugs or alcohol. The County has contracted sobering beds that are being underutilized by law enforcement.
- The Grand Jury is urging the County and the three local hospitals to implement a data exchange to monitor and document Emergency Medical Services care and patient outcomes. Timely and accurate data between EMS and the hospitals is critical to understanding how to improve services for the public and support EMS development.
- Finally, the County's emergency dispatchers lack adequate backup capabilities to continue working in the event of a disaster. The Grand Jury reviewed a number of alternatives to improve dispatch preparedness.

The following report details the need for improvements to support two constituencies: those who serve and those who are served.

¹ The term "County" throughout the report refers to both the governmental bodies and agencies of Marin County as well as the unincorporated areas of Marin.

² <https://ems.marinhhs.org/marin-ems> (accessed on 5/22/2025).

³ The term "Marin" means the entire county, including all of the cities, towns, and the unincorporated area governed by the County of Marin.

BACKGROUND

It has become increasingly more difficult to be a first responder. Police face the growing presence of people intoxicated by drugs or alcohol, experiencing homelessness, and mired in mental health challenges. Firefighters face more intense and fast-moving fires. Paramedics/EMS are not just medical resources, they now face patients with dual addiction and mental health disorders who may have to be calmed before being medically treated. The same issues extend to EDs.

Licensed mental health counselors⁴ and social workers⁵ hold advanced degrees, requiring at least six years of training, plus internships or clinical rotations. Police officers are mandated to train only 15 hours on the “Persons with Mental Illness” program.⁶ Paramedics are trained in crisis management and mental health first aid, but not to the extent of the experts.⁷ The Grand Jury investigated whether Marin expects too much of first responders and whether the County does enough to support first responders and those struggling with these growing social issues. Through its investigation, the Grand Jury asked:

- Should a resident suffering a mental health crisis be faced with a uniformed presence with a badge and a gun?
- Should someone suffering from a night of binge drinking rely upon an expensive bed in the ED and hospital staff to help them recover from their inebriated state?
- How can the County improve services, protocols, and training of paramedics if it does not know if the treatments given to those taken to the ED were the best option?
- Does the County have the right equipment to ensure first responders can receive 911 calls if communications go down in an extreme emergency?

The Grand Jury reviewed several County services that work hand-in-hand with first responders. These services include a mobile mental health unit, street response teams, a recovery center, and hospital EDs. Most of these services are triggered directly or indirectly by a 911 call from the public.

⁴ Bureau of Labor Statistics, U.S. Department of Labor, “Occupational Outlook Handbook, Substance Abuse, Behavioral Disorder, and Mental Health Counselors”, <https://www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm>, (accessed 5/1/2025).

⁵ Bureau of Labor Statistics, U.S. Department of Labor, “Occupational Outlook Handbook, Social Workers”, <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm>, (accessed 5/1/2025).

⁶ Carmen Lee, PWDF Program Coordinator for Public Awareness and Education, “California Enacts Mental Health Training for Peace Officers,” *People with Disabilities Foundation*, Fall 2015, <https://www.pwdf.org/update-california-enacts-mental-health-training/>, (accessed 4/27/25).

⁷ Lifeline EMS, “How EMS Providers Support Mental Health Emergencies,” Lifeline EMS, section 12, January 18, 2024, <https://lifeline-ems.com/how-ems-providers-support-mental-health-emergencies/#:~:text=EMS percent20providers percent20receive percent20specialized percent20training,collaboratively percent20with percent20mental percent20health percent20professionals>, (accessed 5/1/2025).

The Center for American Progress and the Law Enforcement Action Partnership analyzed 911 calls across the country and discovered that approximately 23 to 39 percent were low-level calls that could likely be managed without police or fire personnel.⁸ The Grand Jury believes these calls present an opportunity to provide alternative options for first responders that do not have to involve jail or a hospital ED.

This report focuses on four areas of potential improvement:

- Handling street crises with alternative resources
- Using sobering beds to manage non-violent drug or alcohol intoxication
- Improving data sharing to evaluate emergency and social services and paramedic performance
- Ensuring first responders have communication options that enable them to perform their jobs without delay or disruption in the event of a crisis

APPROACH

The Grand Jury reviewed academic publications, news reports, previous Grand Jury reports, and government documents. The Grand Jury conducted tours and interviews, including but not limited to:

- Law Enforcement personnel and leaders
- Fire, Paramedic, and Emergency Management Services clinicians and administrators
- County of Marin Health and Human Services (HHS) clinicians and administrators
- Clinical and administrative staff of MarinHealth Medical Center and the Marin Healthcare District Board of Directors
- County department leaders
- Non-profit and support organizations

⁸ Amos Erwin, Betsy Pearl, “The Community Responder Model, How Cities Can Send the Right Responder to Every 911 Call,” *The Center for American Progress*, executive summary, October 28, 2020, <https://www.americanprogress.org/article/community-responder-model/>, (accessed 5/1/2025).

DISCUSSION

Support Teams

A 2023 report by The Associated Press found 14 of the 20 most populated U.S. cities had some form of non-police response team.⁹ Marin County's Behavioral Health and Recovery Services (BHRS) started a mobile mental health team in 2016 with funding from a state grant. The service has been expanded over the years with the help of county and federal dollars.¹⁰ This team of crisis specialists is called the Mobile Crisis Response Team (MCRT) and includes licensed mental health clinicians, social service workers, and peer counselors. This team has three cars and one van at its disposal, as well as additional support personnel.

According to BHRS statistics, in Fiscal Year 2024, MCRT received 3,042 calls. Approximately 66 percent of the calls were handled on the telephone, while 34 percent of the calls were addressed in person. In the first ten months of Fiscal Year 2025, the team has already received 2,852 calls. Thirty-two percent of those calls required field responses, with the remaining 68 percent handled on the telephone. Forty-seven percent of the calls to MCRT in the last two fiscal years came from San Rafael and Novato.¹¹

While the MCRT provides long-term mental health and social services follow-up, there is another kind of alternative response team operating in some Marin communities, called Specialized Assistance For Everyone (SAFE) teams. These teams provide immediate emergency crisis intervention and response to a 911 call.

SAFE is based on an Oregon model called Crisis Assistance Helping Out On The Streets, or CAHOOTS, designed to divert people from the criminal justice system.¹² Petaluma People Services Center (PPSC) started a SAFE team in Petaluma in 2021.

In 2023, San Rafael turned to the SAFE team model provided by PPSC because MCRT could not meet the growing need facing first responders. San Rafael needed more help and was able to benefit from a one-time grant from the American Rescue Plan Act.

The San Rafael SAFE team's primary objective is to build trust and connect with individuals in distress. This emergency crisis and intervention team is composed of a trained crisis individual with lived experience and an emergency medical technician (EMT). The team also has additional

⁹ Jennifer Peltz and Jesse Bedayn, "Many Big Cities Now Answer Mental Health Crises Calls With Civilians - Not Police", *Associated Press*, August 27, 2023, <https://apnews.com/article/mental-health-crisis-911-police-alternative-civilian-responders-ca97971200c485e36aa456c04d217547>, (accessed 5/12/25).

¹⁰ Richard Halsted, "Marin County Expands Mobile Crisis Services," *Marin Independent Journal*, January 30, 2024, <https://www.marinij.com/2024/01/27/marin-county-expands-mobile-crisis-services/>, (accessed 5/1/25).

¹¹ HHS Operational Report statistics provided to the Marin Civil Grand Jury for Fiscal Years 2024 and 2025.

¹² Ben Adam Climer, "The Report on the Implementation of an Integrated Health Response Team - Marin County," Critical Responses in Supportive Integrative Services Consulting, July 5, 2022, <https://publicrecords.cityofsanrafael.org/WebLink/DocView.aspx?id=34816&dbid=0&repo=CityofSanRafael>, (accessed 3/28/2025).

administrative and clinical support.¹³ SAFE team members dress in street clothes, carry granola bars rather than guns, and respond to individuals needing crisis counseling, shelter, transportation, or minor medical care. The team also carries a police radio for use if the call becomes a safety issue and can follow up with referrals to social and mental health services.¹⁴

The Grand Jury finds the results of San Rafael's SAFE team, now in the last year of a three-year pilot program, have been overwhelmingly positive.

During the first full year of operation in 2024, the SAFE team handled 8.28 percent of calls that would have been handled by San Rafael police officers, as shown in Figure 1. Based on an approximately \$700,000 annual contract, the 2024 cost per call for the SAFE team was \$232.

Figure 1 - 2024 San Rafael Safe Team Calls for Service (CFS) Volume

San Rafael	2024	% of total CFS
TOTAL SAFE TEAM CALLS FOR SERVICE (CFS)	3025 ³	8.28%
Public Assists	1645	4.50%
Welfare Checks	938	2.57%
Police/EMS Assist	182	0.50%
Counseling Requests	109	0.30%
Suicidal Subject	78	0.21%
Community Engagement/Outreach	46	0.13%
First aid/Bandage Care	9	0.02%
Death Notifications	2	0.01%

³ Total CFS may include instances where the team responds to the same incident on more than one occasion within 24 hours.

Source: San Rafael Police Department 2024 Annual Report

Sending in the SAFE team rather than San Rafael police officers resulted in 68 emergency department diversions, 42 jail diversions, and 103 ambulance diversions.¹⁵ The cost savings achieved by these diversions can be significant. For example, PPSC reported that in the two years SAFE teams have operated in Sonoma and Marin communities, avoiding emergency department visits alone has offset over \$2.5 million in costs to regional hospitals. However, interviewees agreed that the greatest value of the SAFE teams is more appropriate service to the public and better use of police resources, not financial savings.

Encouraged by the success of the San Rafael program, Novato has also contracted for a SAFE team. Novato's SAFE team started operating April 1, 2025, 8:00 a.m. to 8:00 p.m., Tuesdays through Saturdays. The budget for this limited program is approximately \$500,000 per year

¹³ City of San Rafael Safe Team Services Agreement, p. 3 of Exhibit A-2.

¹⁴ Ben Adam Climer, "The Report on the Implementation of an Integrated Health Response Team - Marin County," Critical Responses in Supportive Integrative Services Consulting, July 5, 2022, p. 16, <https://publicrecords.cityofsanrafael.org/WebLink/DocView.aspx?id=34816&dbid=0&repo=CityofSanRafael>, (accessed 3/28/2025).

¹⁵ Based on operational data provided by the City of San Rafael.

using grant funding from county, state, and federal governments. After the first year, the cost will be borne solely by the City of Novato, which is continuing to seek alternative funding.¹⁶ Because Novato's ambulance services answer to a different taxing body, the Novato Fire Protection District (NFPD), the Grand Jury believes the potential ambulance diversions by the SAFE team would benefit the NFPD. This benefit could warrant a financial contribution from the NFPD to support the SAFE team.

Ongoing funding is a challenge for all SAFE programs. The San Rafael SAFE team costs approximately \$700,000 annually to operate one full-time team 12 hours a day, seven days a week, 365 days per year.¹⁷ To keep the program going, the City of San Rafael must shoulder the cost or find other funding after the three-year pilot concludes March 28, 2026.

Marin's cities have relied on one-time funding sources, like cannabis tax revenue and the American Rescue Plan Act. Other regions have secured funding through community tax measures like Sonoma County's Measure O, which provides \$25 million a year from a sales tax hike for mental health programs and homelessness.¹⁸ Elected officials interviewed do not believe increasing local sales tax is a good option. A slight increase in property taxes might be workable if other permanent funding cannot be found. With federal dollars drying up, the onus is on the state, county, and cities to find permanent funding. Continuing to exist on grants alone can be precarious, administratively cumbersome, and time-consuming.

There is an advantage to local control over a SAFE team because of the immediacy of response and the success seen in multiple jurisdictions. The County, however, may have the advantage over a single municipality when it comes to receiving competitive grants.¹⁹ The County has a broader jurisdictional reach, a larger and richer applicant base, and is better equipped to identify and access governmental and non-governmental funding opportunities, and is in a position to assure county-wide coverage.

Novato's SAFE team is in its first months of operation, so there are few statistics to review, and hours of coverage are limited. Despite this, based on the experience from the San Rafael SAFE team, the number of emergency calls requiring police intervention should be reduced. Interviewees say a second San Rafael SAFE team could handle three to four percent of uncovered overnight calls and/or provide overlap for peak periods during the day. An evaluation is underway to determine the flow of calls versus the SAFE team's availability, which will

¹⁶ City of Novato Staff Report cc24-181, City Council of Novato Meeting, November 19, 2024, P. 3, https://legistarweb-production.s3.amazonaws.com/uploads/attachment/pdf/2984664/cc24-181_SAFE_Contract.pdf (accessed 5/1/2025).

¹⁷ City of San Rafael Safe Team Services Agreement, p. 1 of Exhibit A-1.

¹⁸ County of Sonoma, "Measure O: County of Sonoma, Mental Health, Addiction and Homeless Services," p. 1, <https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/behavioral-health/about-us/measure-o>, (accessed 1/16/2025).

¹⁹ Amanda Hermans and Tomi Rajninger, "Local Governments with More Staff and Bigger Budgets Are More Likely to Win Federal Infrastructure Grants," *Urban Institute*, May 6, 2024, p.1, <https://www.urban.org/urban-wire/local-governments-more-staff-and-bigger-budgets-are-more-likely-win-federal#:~:text=Still%2C%20Urban%20Institute%20research%20has,its%20administrative%20capacity%20and%20budget>, (accessed 5/5/2025).

determine if an overlapping team is necessary. Southern and Western Marin would also benefit from SAFE teams and an expansion of the MCRT. The Grand Jury has been advised that some data tracking is already underway outside of Novato and San Rafael to determine if there is a need for a SAFE team beyond those cities. The biggest issue is finding the money. The Grand Jury believes it is an issue well worth addressing.

Sobriety Centers

Marin has the same concerns as any other county when it comes to dealing with drug and alcohol issues. In Marin, accidental overdose is the leading cause of death for people under 55.²⁰ While the number of non-fatal drug overdoses temporarily decreased in 2024, the projection for 2025 is an increase of approximately 16 percent.²¹

According to the 2022 Community Needs Health Assessment conducted by MarinHealth Medical Center, 23.4 percent of Marin residents report excessive drinking versus 18.1 percent for the State of California.²² A random review of the Marin County Public Booking Log maintained by the County Jail found that 22 percent of the 246 incarcerated individuals on a particular day were booked for Driving while Under the Influence (DUI), Drunk and Disorderly, or Under the Influence of Drug charges.²³ While DUIs require police intervention and arrests, the crimes of alcohol or drug intoxication alone can be addressed by placing the person arrested in a bed in a sobering center rather than in the County Jail.

As its name suggests, a sobering center is a facility designed for short-term stays for individuals recovering from the effects of extreme alcohol and/or drug intoxication. It allows individuals to get sober in a safe environment, monitored by medical personnel and staff who are often in various stages of recovery themselves. This setting provides shelter, meals, monitoring, and access to social programs and/or organizations to assist in addressing a particular addiction. A sobering center is a far better option than jail or hospital EDs.

Sobering centers also benefit the community and provide multiple efficiencies for understaffed police departments and ED personnel. The cost for up to six hours in a local sobering bed is

²⁰ OD Free Marin. Data Dashboard - Marin County Overdose Data. Community-based coalition in partnership with the Health and Human Services Department, <https://odfreemarin.org/data-dashboard/>, originally created 04/22/2023, (accessed 05/05/2025).

²¹ OD Free Marin. Data Dashboard - Non-Fatal Opioid Overdose. Community-based coalition in partnership with the Health and Human Services Department, 4/11/2023, updated 5/5/25, <https://odfreemarin.org/data-dashboard/>, (accessed 5/5/2025).

²² MarinHealth Medical Center in conjunction with Healthy Marin Partnership. Conducted by Community Health Insights, "2022 Community Needs Assessment", Table 13 - County health behavior indicators compared to state benchmarks, <https://www.mymarinhealth.net/documents/content-assets/about-us/2022-Community-Health-Needs-Assessment.pdf>, page 41, (accessed 5/01/2025).

²³ County of Marin, "Public Booking Log", Currently in Custody section, <https://apps.marincounty.org/bookinglog>, (accessed 4/08/2025).

\$302,²⁴ while the cost of an average arrest is between \$6,900 to \$15,400.²⁵ Diverting the publicly intoxicated allows law enforcement to focus on more serious crimes. Inebriated persons recovering in a sobering center instead of being taken to an ED avoid the average visit cost of \$2,715 and enable hospital personnel to treat more severe medical issues.²⁶ A San Francisco study conducted in 2002 reported that inebriated individuals spent 48 percent more time in EDs than non-intoxicated people.²⁷ A study conducted in 2019 estimated that diverting 50 percent of alcohol-related visits from EDs to sobering centers could save the United States up to \$1 billion annually.²⁸

Sobering centers have been in existence since the 1960s and are currently enjoying a resurgence in communities seeking alternative solutions for publicly intoxicated individuals. The sobering center concept is certainly not new to Marin County. A previous Grand Jury published a report in 2013 supporting the establishment of a standalone sobering center in Marin.²⁹ While a standalone sobering center was not established, the County contracts for sobering beds with the Helen Vine Recovery Center (Helen Vine), owned by Buckelew Programs, which has substantially broadened its service offerings since 2011.

Helen Vine is a licensed, non-medical, co-ed facility that operates 24/7. Two of its 30 beds are paid for by the County and specifically dedicated for up to six-hour increments for sobering. Helen Vine serves as a gateway to obtain services for community members seeking to overcome most addictions. The programs offered by Helen Vine range from the recently introduced Respite Program, monitoring for several hours up to 10 days, to withdrawal management, to residential sober living. In 2026, Helen Vine will be opening an additional residential facility in San Rafael to address not only alcohol and drug addictions, but some minor mental health issues as well.

The Grand Jury uncovered a discrepancy between police perception of Helen Vine's bed availability and Helen Vine's actual capacity. A number of police departments routinely cite being turned away from Helen Vine because of "full capacity" issues. Interviewees suggest law enforcement officers are dropping off fewer intoxicated individuals at Helen Vine than in previous years due to a perception that beds are not available. Between July 1, 2024, and March

²⁴ HHS Contract with Buckelew Programs, Second Amendment to Contract by and between the County of Marin and Buckelew Programs, Helen Vine Recovery Center, Respite Program, CPT Codes and Rates, Exhibit B-2.

²⁵ Priscilla Evelyn Hunt, Jessica Saunders, and Beau Kilmer, "Estimates of Law Enforcement Costs by Crime Type for Benefit-Cost Analyses", *Cambridge Press*, December 5, 2018, <https://www.cambridge.org/core/journals/journal-of-benefit-cost-analysis/article/abs/estimates-of-law-enforcement-costs-by-crime-type-for-benefit-cost-analyses/0A1A55F70324FDBAA947FF1F18AA1B74>, (accessed 4/01/2025).

²⁶ Brianne Smith, DNP, PhD, "Emergency Room Visit Cost With and Without Insurance" (2025 Update), *Mira, Inc.*, 02/25/2025, <https://www.talktomira.com/post/how-much-does-an-er-visit-cost> (accessed 4/15/2025).

²⁷ Ilene Lelchuk, "Homeless Alcoholics Clog ER/S.F. Hospital Forced to Turn Away Others", 1/19/2023, SFGATE, <https://www.sfgate.com/health/article/Homeless-alcoholics-clog-ERs-S-F-hospitals-2678559.php#> (accessed 5/23/2025).

²⁸ Claudia Scheuter et al., "Cost Impact of Sobering Centers on National Health Care Spending in the United States," *Translational Behavioral Medicine* 10, no. 4 (August 2020): pp. 998–1003

²⁹ 2012/13 Marin County Civil Grand Jury Report, "A Sobering Center in Marin - One Small Step to Solving a Big Problem", 2/22/13, Public Release Date - 2/28/13.

31, 2025, a HHS Utilization report indicated only 16 bed days were used for police drop-offs at Helen Vine.³⁰

While the Grand Jury could not definitively validate the reason for the discrepancy, interviewees indicated the issues may be a lack of communication, simple miscommunication, or an imperfect interaction. Strong communications between law enforcement and sobering centers are critical. Police need to quickly assess the best solution for intoxicated individuals, and one bad or less than desirable experience at any sobering center can sour an entire police department on a sobering center's performance.³¹ If new or existing employees at Helen Vine are not fully educated in or do not comply with admittance policies and turn away a police officer, the end result can be a permanently negative impression. A single, unanswered voicemail can also have the same result. If a sobering center is not viewed as a viable option for inebriated individuals, newly hired police officers, who represent a significant number of officers in Marin County, may not even be aware of its existence. Better data is needed to understand why and if police are being turned away.

Whatever the reason for the discrepancy in the availability of sobering beds, the good news is that Helen Vine has recently hired two personnel to navigate the various County services available to clients. Among other responsibilities, their duties include proactively reaching out to all law enforcement and Marin hospitals. The intent of the outreach is to educate and establish a communications link between Helen Vine and police departments, as well as between Helen Vine and hospitals. While this effort has just begun, the Grand Jury encourages Helen Vine to continue this course of action and also expand its outreach to other community support groups (e.g., SAFE Teams in San Rafael and Novato, MCRT, etc.). The Grand Jury also suggests that Helen Vine contact the Marin County Police Chiefs Association, which represents all 11 municipalities. Similarly, Marin police departments should contact Helen Vine to better understand not only the sobering bed options but also the other comprehensive programs offered.

The ultimate goal is better use of sobering beds at Helen Vine. Law enforcement should be encouraged to see Helen Vine as the first option. Increasing the number of individual drop-offs at Helen Vine allows law enforcement and ED personnel to focus on more serious crimes and medical care, and reduces the number of time-consuming, expensive arrests and ED charges. A further bonus is that individuals taken to Helen Vine are introduced to trained professionals, social services, and recovery programs that are ultimately better suited to address chronic addiction issues.

The Grand Jury recommends enhanced communications between law enforcement and Helen Vine to achieve full utilization of sobering beds.

³⁰ HHS Helen Vine Utilization Report Extract, 07/01/2024 - 03/31/2025. Operations report provided by HHS, 4/28/2025.

³¹ International Association of Chiefs of Police, "Sobering Centers Implementation Guide", Section 3.4 Proactive Outreach, p. 14. https://www.policinginstitute.org/wp-content/uploads/2023/07/Evaluating-the-Utility-of-Sobering-Centers_Project-Summary_FINAL.pdf, (accessed 4/28/2025).

Data Exchange Between Emergency Medical Services and Emergency Departments

Planning for the future, justifying more resources for first responders, and better training are highly dependent upon timely, accurate, and detailed data for each emergency event.³² The Marin hospitals have been asked by EMS to commit to a bidirectional data sharing through an ambulance services agreement. The three hospitals are MarinHealth Medical Center, Kaiser Permanente San Rafael Medical Center, and Novato Community Hospital.

In 2017, the Office of the National Coordinator for Health Information Technology published a report discussing the advantages of integrating EMS services data with local hospital data to optimize patient care. This report outlines a model referred to as SAFR, which is reliant on electronic data exchange:³³

- **Search** – Capture individuals’ previous interventions for past medical history, medications, allergies, and end-of-life decisions.
- **Alert** – Alert the receiving hospital about an individual’s status directly onto a dashboard in the ED to provide decision support and prepare for an individual’s arrival, especially for conditions requiring time-sensitive treatment or therapy, such as trauma, heart attack, or stroke.
- **File** – Provide the sequence of medical events to better assess the best disposition for a given person (e.g., mental health crisis unit, outpatient sobriety center, community clinic, etc.)
- **Reconcile** – Build a database of clinical information for reviewing quality of care in the field locally, as well as submission to state and national organizations.

Establishing this clinical data exchange would ultimately support the emerging paramedicine model.³⁴ Paramedicine is expanded prehospital care that capitalizes on the skills of the EMS professionals in the County ambulances and fire trucks. Alameda County implemented such a model, which aims to coordinate care for 911 callers to avoid emergency room admissions and refer them to appropriate community resources.³⁵

³² Jan Green, EMS and Information Sharing The Office of the National Coordinator for Health Information Technology, “Emergency Medical Services Data Integration to Optimize Patient Care”, January 2017, [https://www.annemergmed.com/article/S0196-0644\(14\)00524-1/fulltext](https://www.annemergmed.com/article/S0196-0644(14)00524-1/fulltext), pp. 5-7, (accessed 5/14/2025).

³³ Challenges and Innovations in Getting Patient Data From the Ambulance to the Emergency Department and Back, News and perspective, Volume 64, Issue 2p A15-A17 August 2014, [https://www.annemergmed.com/article/S0196-0644\(14\)00524-1/fulltext](https://www.annemergmed.com/article/S0196-0644(14)00524-1/fulltext), (accessed 5/13/2025).

³⁴ Erik Christiansen, “Mobile Integrated Health Care - Community Paramedicine”, *Wauconda County Fire Protection District*, <https://www.lakecountycf.org/wp-content/uploads/2022/06/LCCF-Funder-Presentation-MIH-2022-.pdf>, (accessed on 5/12/2025).

³⁵ JEMS Staff, “Alameda County EMS Adopts Pre-Hospital Records and Hospital Interoperability Software from Beyond Lucid Technologies for its Community Paramedicine Program”, *Journal of Emergency Medicine*, August 26, 2015, <https://www.jems.com/mobile-integrated-health-and-community-paramedicine/alameda-county-ems->

There is an urgent need for the same-day electronic exchange of patient information between the Marin Fire/EMS ambulances and the three receiving hospitals. First, staff in the EDs would be better informed to treat patients during a 911 event and better able to assess clinical outcomes to support training following an ED admission. Second, data about the final disposition of the patient (e.g., discharged home, delivered to sobriety center, etc.) is lacking. In preparing this report, it was difficult to gather Marin-specific outcome and disposition data. This information would be crucial to better plan and assess the needs for County resources.

County EMS is currently seeking to establish the first stage of an electronic data exchange. The plan under consideration is to create a system that allows paramedics to input how and what they are doing to treat patients on the scene into a system shared by the hospitals. This would allow ED doctors to access all care given before the patient arrives in the ED. Once the patient is dropped off, the exchange of data would then allow paramedics and EMS leadership to access and review care given in the field for quality assurance and training. The exchange will also provide the County with valuable information about patient disposition (e.g., discharged to home, left against medical advice, referred to mental health, etc.).

The Grand Jury believes data exchange must be done now. As of the writing of this report, the three hospitals and EMS have just recently signed an agreement to participate in the data exchange. However, reaching an agreement is only the first step in a multi-step process to implement the data exchange. The Grand Jury encourages all parties to work diligently and quickly to begin sharing data that will lead to better services for the residents of Marin.

Emergency Backup for Dispatch Centers

In July of 2024, Marin Fire opened a consolidated fire dispatch center in the same location as the Marin County Sheriff's (County Sheriff) dispatch at 1600 Los Gatos Drive in San Rafael (Los Gatos). Marin Fire dispatch was supposed to be connected with a new statewide 911 system called NextGen911.³⁶ The system was to bring the current, 40-plus-year-old 911 infrastructure into the twenty-first century, anchored in a computing cloud rather than solely wired into buildings.³⁷ Computing clouds are collections of computer servers where documents, applications, and services are stored, can be processed, and can be reached from anywhere via the Internet.³⁸ Just weeks before go-live, Marin Fire had to change course. California's NextGen911 was not ready, forcing Marin Fire to rely upon old equipment and the reliable copper wire phone lines (hard-wire) that have delivered emergency calls to dispatchers for years.

[adopts-pre-hospital-records-and-hospital-interoperability-software-from-beyond-lucid-technologies-for-its-community-paramedicine-program/](#), (accessed 5/13/2025).

³⁶ Operational information in this report was acquired through interviews with staff and leadership in the County Fire Department, County Sheriff's Department, Office of Emergency Management, and County Emergency Medical Services.

³⁷ CDI L.R. Kimball, "NG9-1-1 Transition Plan", *Cal OES*, June, 2017, p. 2, <https://www.caloes.ca.gov/wp-content/uploads/PSC/Documents/0001-NextGeneration911TransitionPlans.pdf>, (accessed 2-5-2025).

³⁸ <https://cloud.google.com/learn/what-is-public-cloud>, (accessed 2/11/2025).

The promise of NextGen911 is mobility, fewer wires, more satellites, additional cell towers, access to the Internet, and the ability for 911 services throughout the state to interact and back up each other in the event of a disaster. The reality is an ambitious project struggling to meet its promise. In November 2024, California's 911 Advisory Board put NextGen911 on hold after multiple delays.³⁹ NBC Bay Area News reported this fall that the new system was plagued by technical problems, budget overruns, and the loss of its project manager.⁴⁰ All of this is now under review, with no estimate of when the new system will go live.

The good news is Marin Fire was able to withdraw from the NextGen911 agreement, return equipment, and have the \$300,000 allotted for the County's NextGen911 transition restored to its state "account" for future use. The bad news is that Marin Fire dispatch has no formal backup system in the event Los Gamos is incapacitated by a catastrophe. While this is concerning, County safety officials believe they have some time to correct the situation.

When the dispatch centers were upgraded and consolidated, the County also upgraded its overall Emergency Operations Center at the Los Gamos location. Using local partnerships and federal funding, improvements include upgraded technology, expanded capacity, and three Starlink systems for internet redundancy. The changes are meant to speed information sharing, coordinate response, and enhance communication with the public through channels like AlertMarin notifications. But it does not provide back-up to receive and dispatch calls during an emergency in which Los Gamos is not operable.

Los Gamos is, simply put, a beast! During the upgrade to bring Marin Fire's dispatch operations into the building, interviewees say it took over a month to jackhammer a hole in a wall to install a door. Some walls are 18 to 36 inches thick. In the event of a disaster, there are redundant generators and space to live and eat should it be necessary. County safety officials expressed overwhelming confidence in the building's ability to survive the most likely disasters to befall it.

If the building cannot be used, mutual aid is available from the state. The problem is that the County could be one of many seeking help, depending on the crisis. Interviewees agreed it is essential to have local options in the event Los Gamos cannot be used.

For almost 20 years, the County Sheriff has relied on an aging mobile van for remote command needs or in the event Los Gamos becomes inaccessible. Law enforcement can drive to a secure location, power up antennas and three computers, and coordinate law enforcement's response.

³⁹ Donny Jackson, "California statewide deployment of NG911 'on hold' pending project assessment," *Urgent Communications*, 11/22/24, <https://urgentcomm.com/911/california-statewide-deployment-of-ng911-on-hold-pending-project-assessment>, (accessed 2/5/2025).

⁴⁰ Candace Nguyen, Michael Bott, and Jeremy Carroll, "CA's 'disastrous' Next Gen 911 rollout delaying life-saving help, records show," *NBC Bay Area*, November 13, 2024, updated January 14, 2025, <https://www.nbcbayarea.com/investigations/california-next-gen-911-rollout-delaying-life-saving-help/3707544/> (accessed 2/5/25).

While with some work, the van might be able to take some 911 calls, it is not well equipped as a dispatch alternative for law enforcement and fire.

In addition, the County Sheriff's office can transfer dispatch calls to the San Rafael police dispatch team, which is located within five miles and about nine minutes away from Los Gatos. Marin Fire cannot. The city police teams still dispatching their own calls do not have the tools and training to dispatch ambulance and fire calls, which require a different knowledge set and equipment. Also, not all the city police who still dispatch their own calls are on the same system as either the County Sheriff's or Marin Fire's dispatch. Novato, for example, would not be able to take and dispatch County Sheriff or Marin Fire calls because Novato's dispatch uses a different software system.

An option for Marin Fire is to enter an agreement with a neighboring county, like Sonoma, to back up each other. That discussion is now underway. Sonoma's REDCOM Joint Powers Authority has the capability to dispatch ambulance and fire calls operating from Santa Rosa, 36 miles away and about 34 minutes from the Los Gatos facility. The County can do the same for Sonoma. These services might only be needed as a stopgap while dispatchers and command move to a new location.

Other cities, faced by a need for backup options, use alternate centers, or locations away from the main center that are wired and outfitted with a complete set of equipment and software needed to take and dispatch calls.⁴¹ These remote centers are tested regularly to ensure equipment will work in the event of an emergency.⁴² Dispatch stations can be housed in one or multiple remote locations, like libraries, other county offices, etc.

Current County firehouses are not large enough to accommodate back-up dispatch facilities. The project to build a new fire headquarters in San Geronimo could provide potential redundancy, but the facility would be in a high fire area, require transport over hills, and would not provide near-term help.

While there have been discussions about alternate sites for dispatch back-up, roadblocks abound. Most of Marin is bordered by water. Getting in and out of the county depends upon bridges to the east and south, some of which have been impassable in past disasters. The San Andreas fault straddles the west, and the Rogers Creek fault, part of the San Andreas fault zone, runs through Novato, a major path to the north. High-powered gas, water, and electric lines flow through Novato to the rest of Marin. Interviewees say no critical infrastructure comes from the south.

⁴¹ Vance County, North Carolina, "Backup 911 Center," <https://www.vancecounty.org/backup-911-center/>, (accessed 3-28-25).

⁴² Blue Wing, "Dispatch Center Overview Public Safety Communications System Assessment and Design Report," Broome County, New York, June 28, 2012, <https://broomecountyny.gov/sites/default/files/dept/e911/pdfs/8percent20Broomepercent20Countypercent20dispatchpercent20centerpercent20section3percent20overview.pdf>, (accessed 2/25/2025).

Without the bridges, everything comes through Highways 101 and 37. Figures 2 and 3 give a visual depiction of the constraints for alternate dispatch locations.

Figure 2: Marin County Routes of Travel

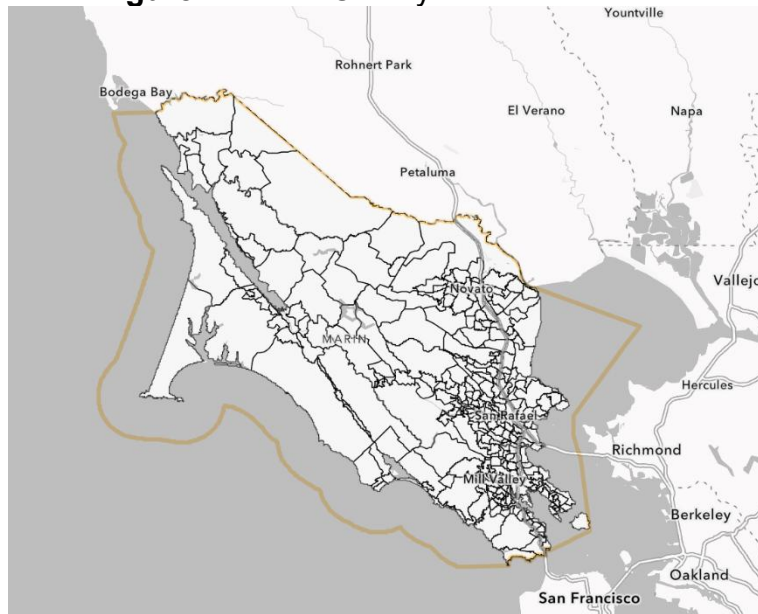
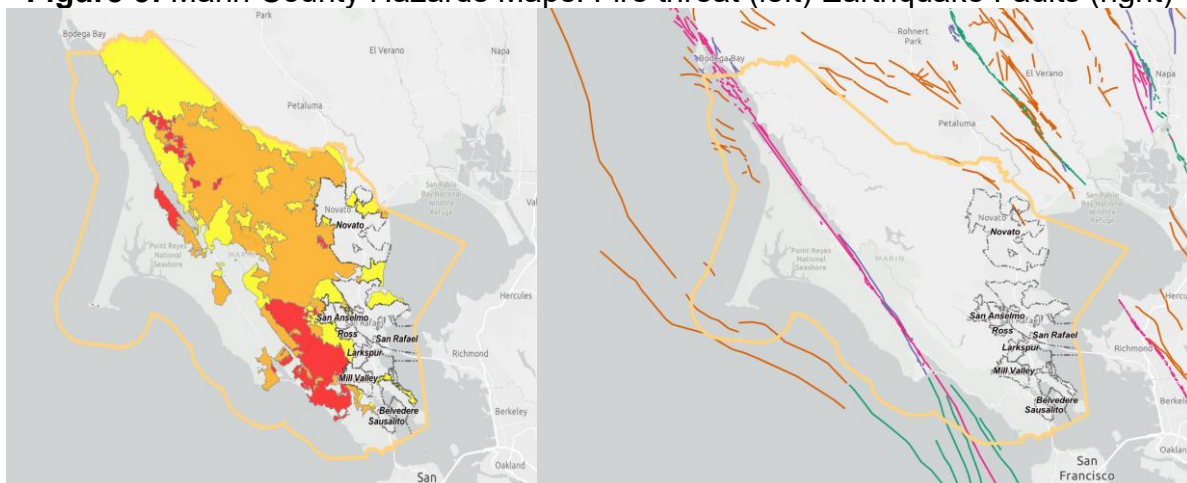


Figure 3: Marin County Hazards Maps: Fire threat (left) Earthquake Faults (right)



Source for Figure 2 and 3: Marin Fire Department Office of Emergency Management Marin County Hazard Map
<https://experience.arcgis.com/experience/7818c52a0dd44fa7843f8631d8193b0f>

Many Marin roads are narrow once you leave the highway corridor, and are not built for heavy equipment that might be needed in an emergency. The Office of Emergency Services recently purchased a box truck to carry heavy equipment across the county, but it had to be smaller than desired to manage county roads. An alternate dispatch site might make more sense in Petaluma or farther north, where larger trucks can deliver more items and heavier items into position for transfer into Marin piecemeal. This would mean a building and land that can accommodate and store big equipment, as well as redundant dispatch systems, all of which would be expensive.

There's another issue: how to get employees into the County to answer the hard-wired dispatch telephones. According to the Marin County Human Resources department, nearly 61 percent of County employees live outside Marin. Getting them into Marin during a catastrophic event will not be easy. If that event is confined to Marin, getting them to a county north of Marin would be easier.

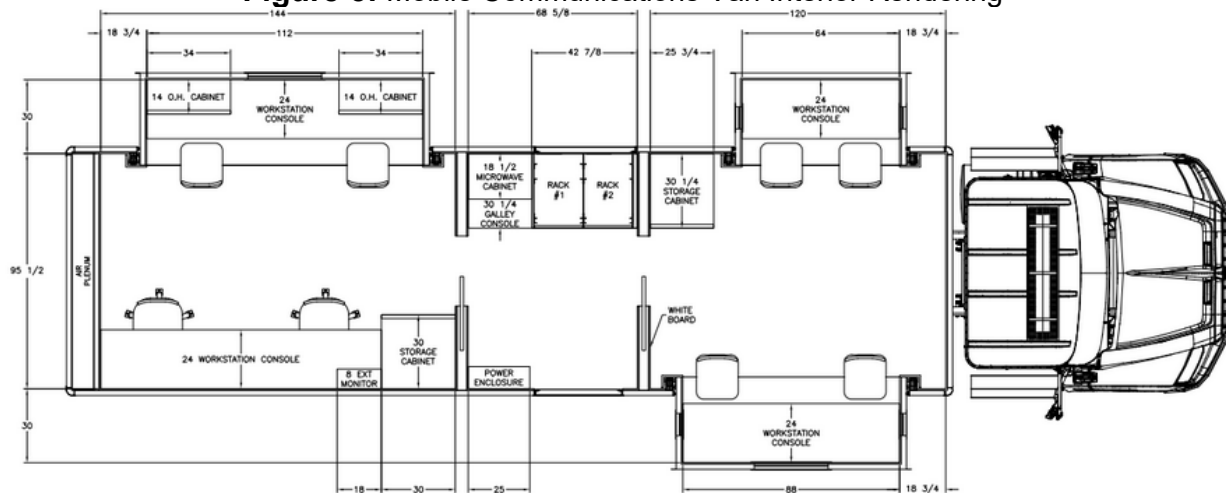
The option that emergency experts point to as the most cost-efficient and most immediately available is a mobile communications van. While a new van would be similar to what the County Sheriff uses, something better equipped to take and dispatch calls is required. Marin Fire has priced out a communications vehicle similar to that used by Cal Fire, which could house dispatchers for both law enforcement and fire. The nearly \$2 million cost is significantly less than the cost of building an alternate site.

Figure 4: Mobile Communications Van



Source: Marin County Fire Department

Figure 5: Mobile Communications Van Interior Rendering



Source: Marin County Fire Department with permission from Frontline Communications, a division of Pierce Manufacturing

The modified RV would still require being hooked into a hard-wired telephone landline under current conditions. Marin Fire is due to replace its phone system. The County Sheriff is nearly

due for a new phone system as well. These systems could be paid for using the 911 surcharge Californians pay monthly for each telephone used. The individual 911 surcharge for 2025 is 41 cents a month. The County Sheriff receives funds every five years based on annual call volume. Law enforcement is the primary Public Safety Answering Point (PSAP) in the County, so all 911 calls go through them first. Marin Fire also receives funds based on annual call volume as a secondary PSAP, dispatching fire and ambulance calls. While the County Sheriff receives more calls and thus, more funding, interviewees estimated Marin Fire's share at nearly \$300,000, close to the cost of upgrading the phone system.

Interviewees say it would make sense if the two departments sharing Los Gatos aligned their two separate phone systems. It would make it easier to back each other up, provide an economy of scale, and allow for a chance to change the current hard-wired system to a hybrid that allows for more mobility. That mobility is a laptop which uses Voice Over Internet Protocol (VOIP) software, the laptop speaker, and the microphone to turn the laptop into what is referred to in the industry as a "softphone."⁴³ Currently, Marin Fire is in discussions with vendors to select a new system that would allow dispatch to go mobile if needed, accessing the best of both the hard-wired and Internet Protocol (IP) worlds.

The information provided by the experts leads the Grand Jury to conclude that the mobile option is the most cost-effective and quickest option to bring online.

CONCLUSION

Allowing first responders to focus on their core competencies is a benefit to both them and the community. The County has made a good start by utilizing mental health experts through the MCRT, utilizing SAFE teams for many social issues, and contracting for sobering beds in lieu of ED beds. The Grand Jury believes these actions can be expanded.

The County has gaps in the availability of data that hinder planning for the future. The Grand Jury believes there is an opportunity to close one gap with the first step of bidirectional data sharing between EMS and the area hospitals.

All of our emergency services require good communication, and in the event of a disaster, our first responders should have all the tools needed. Currently, they do not, and the Grand Jury believes there is a relatively cost-effective solution.

⁴³ Robyn Coppel, "Top Ten Emerging Technologies in Contact Centers," Item # 5, modified 11/24/2024, *CallCenterHelper.com*, <https://www.callcentrehelper.com/emerging-technologies-contact-centres-126387.htm>, (accessed 3/31/2025).

FINDINGS

- F1.** Because the Specialized Assistance For Everyone (SAFE) team in San Rafael has proven to be an effective alternative for responding to 911 calls related to mental health crises, substance abuse, and homelessness, some police and fire resources have been freed to respond to critical calls.
- F2.** Because San Rafael's Specialized Assistance For Everyone (SAFE) team hours are limited, some 911 calls related to mental health crises, substance abuse, and homelessness must be unnecessarily handled by police officers.
- F3.** Because Novato's Specialized Assistance For Everyone (SAFE) team hours are limited, some 911 calls related to mental health crises, substance abuse, and homelessness must be unnecessarily handled by police officers.
- F4.** Expanded hours of coverage for Novato's Specialized Assistance For Everyone (SAFE) team would lighten the burden on Novato Fire's Emergency Medical Services responders.
- F5.** Because no Specialized Assistance For Everyone (SAFE) teams operate in Southern Marin, West Marin, or unincorporated Marin County, police and ambulance resources continue to respond to 911 calls related to mental health crises, substance abuse, and homelessness that could be better served by a different kind of response team.
- F6.** Because there are no permanent dedicated funding sources for the Specialized Assistance For Everyone (SAFE) teams in Marin County, these programs face insecure futures no matter how successful they are.
- F7.** Due to a lack of communication, miscommunication, and/or misunderstandings, dedicated beds at the Helen Vine Recovery Center are underutilized by Marin County law enforcement as an option for short-term sobering.
- F8.** Because a new statewide 911 system (NextGen911) has been significantly delayed, Marin County lacks appropriate backup resources for the emergency dispatch center at 1600 Los Gatos Drive in the event of a disaster.
- F9.** Because of geography, cost, and time-to-use, an emergency communications van is an effective and immediate option to fill the back-up dispatch gap in the event of a disaster until a new statewide 911 system (NextGen911) is available.
- F10.** The establishment of the bidirectional exchange of clinical information between Emergency Medical Services and area hospitals is crucial to the assessment of emergency event treatment as well as planning for the best use of ambulance and public health resources.

RECOMMENDATIONS

- R1.** By March 1, 2026, the Marin County Board of Supervisors should find a long-term funding source to fund Specialized Assistance For Everyone (SAFE) teams throughout the County.
- R2.** By March 1, 2026, the City Council of San Rafael should fund additional Specialized Assistance For Everyone (SAFE) team resources when requested by the San Rafael Police Department following its evaluation of the current program.
- R3.** By December 1, 2025, the Novato Fire Protection District should contribute partial funding to the City of Novato for support of the Specialized Assistance For Everyone (SAFE) program.
- R4.** By December 1, 2025, the Marin County Chiefs of Police Association should advise their respective police departments to utilize the Helen Vine Recovery Center as the preferred drop-off option for intoxicated individuals and engage in an active introduction, education, and relationship with Helen Vine Recovery Center.
- R5.** By December 1, 2025, the Marin County Board of Supervisors should request the Health and Human Services Department to amend its metrics to include a method for police departments to report when they have been turned away from delivering an intoxicated person to the Helen Vine Recovery Center.
- R6.** By March 1, 2026, the Marin County Board of Supervisors should seek funding for a new mobile communications van for the Marin County Fire Department, per department specifications.
- R7.** By December 31, 2025, the Marin County Board of Supervisors should require that the Department of Health and Human Services Emergency Medical Services make quarterly reports to the Board on the progress of the bidirectional data exchange until the program is fully implemented.
- R8.** By December 31, 2025, the Marin Healthcare District should make quarterly reports on the progress of the bidirectional data exchange at their public meetings until the program is fully implemented.

REQUIRED RESPONSES

Pursuant to Penal Code section 933.05, the Grand Jury requires responses from the following governing bodies:

From the following governing bodies within 90 days:

- The Marin County Board of Supervisors (F5-F6, F8-F10, R1, R5-R7).
- The City Council of San Rafael (F1-F2, F5-F6, R2)
- The Novato Fire Protection District (F3-F4, R3)
- The Marin Healthcare District (F10, R8)

The governing bodies indicated above should be aware that the comment or response of the governing body must be conducted in accordance with Penal Code section 933 (c) and subject to the notice, agenda and open meeting requirements of the Brown Act.

INVITED RESPONSES

- The Marin County Police Chiefs' Association (F7, R4)

Note: At the time this report was prepared information was available at the websites listed.

Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury <u>not</u> contain the name of any person or facts leading to the identity of any person who provides information to the Civil Grand Jury. The California State Legislature has stated that it intends the provisions of Penal Code Section 929 prohibiting disclosure of witness identities to encourage full candor in testimony in Grand Jury investigations by protecting the privacy and confidentiality of those who participate in any Civil Grand Jury investigation.
