

## Response to Grand Jury Report

Report Title: Opioid Misuse: Strengthening Marin County's Response

Respondent/Agency Name: Marin Healthcare District

Your Name: David G Klein, MD, MBA Title: Chief Executive Officer

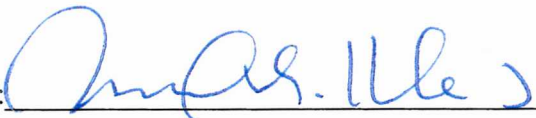
### FINDINGS

- I (we) agree with the findings numbered: F3
- I (we) disagree *partially* with the findings numbered: N/A
- I (we) disagree *wholly* with the findings numbered: N/A

(Attach a statement specifying any portions of the findings that are disputed; include an explanation of the reasons therefor.)

### RECOMMENDATIONS

- Recommendations numbered R5 have been implemented.  
(Attach a summary describing the implemented actions.)
- Recommendations numbered N/A have not yet been implemented, but will be implemented in the future.  
(Attach a timeframe for the implementation.)
- Recommendations numbered N/A require further analysis.  
(Attach an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.)
- Recommendations numbered N/A will not be implemented because they are not warranted or are not reasonable.  
(Attach an explanation.)

Date: 2/27/21 Signed: 

Number of pages attached: 2



**Marin Healthcare District Response to Grand Jury Report  
Findings and Recommendations  
"Opioid Misuse: Strengthening Marin County's Response"  
December 14, 2020**

**RESPONSE TO GRAND JURY FINDINGS**

F3. Additional substance use navigators, who play a critical role in the hospital setting by guiding substance use disorder patients toward appropriate treatment, would enable more patients to obtain the follow-up support required for their recovery.

Response: Agree.

MarinHealth Medical Center, through grant funding, has employed a substance use navigator (SUN) in FY2019, 2020, and 2021. The substance use navigator has become an instrumental member of the interdisciplinary teams in the emergency department and inpatient clinical units and directly impacted over 300 individuals in 2020 who were referred to treatment after SUN intervention. Of those individuals referred to treatment, 31% made contact with a treatment facility. A successful SUN is able to develop relationships with community partners and clinical providers, and assist individuals beyond the walls of the hospital to connect with care to support recovery. SUNs are persistent, great problem solvers, and exceptional patient/client advocates who are helping to shift how those with substance use disorder are perceived and treated in the healthcare system and community at large. Through identification of patients impacted by substance use disorder, SUNs focus on harm reduction and low-threshold access to medication assisted treatment (MAT) in an effort to drive measurable positive impacts for patients, providers, and healthcare systems. Sixty percent of patients who received MAT at MarinHealth in 2020, either through induction or by prescription, and with the support and coordination by the substance use navigator, were connected with treatment facilities post hospital discharge.

**RESPONSE TO GRAND JURY RECOMMENDATIONS**

R5. Marin Healthcare District, through MarinHealth, should conduct a detailed cost-benefit analysis in fiscal year 2021–2022 to determine if additional substance use navigators are warranted and, if so, retain them.

Recommendation 5 has been implemented.

MarinHealth District, through MarinHealth, completed a cost-benefit analysis based on patient care costs and data from 2019 and 2020 with projected savings and added revenue directly impacted by the substance use navigator role. The analysis revealed that the work product was able to cover the cost of the substance use navigator position with an additional 15% to 43% margin depending on specific assumptions related to salary range, level of billable clinical intervention, and adjusted avoidable admission days. Additional benefits of the SUN that are not monetarily captured include: Streamlined patient care; Improving provider and staff satisfaction for caring for patients with substance use disorder; Reducing stigma and increasing access to post hospital care through low-barrier methods and harm reduction; Allowing other clinical staff such as