

# VARIANCE TO STAGE 2 OF CALIFORNIA'S ROADMAP TO MODIFY THE STAY-AT- HOME ORDER



COVID-19 COUNTY VARIANCE ATTESTATION FORM FOR

SONOMA COUNTY

## Background

On March 4, 2020 Governor Newsom proclaimed a State of Emergency as a result of the threat of COVID-19, and on March 12, 2020, through Executive Order N-25-20, he directed all residents to heed any orders and guidance of state and local public health officials. Subsequently, on March 19, 2020, Governor Newsom issued Executive Order N-33-20 directing all residents to heed the State Public Health Officer's Stay-at-Home order which requires all residents to stay at home except for work in critical infrastructure sectors or otherwise to facilitate authorized necessary activities. On April 14<sup>th</sup>, the State presented the Pandemic Roadmap, a four-stage plan for modifying the Stay-at-Home order, and, on May 4<sup>th</sup>, announced that entry into Stage 2 of the plan would be imminent.

Given the size and diversity of California, it is not surprising that the impact of COVID-19 has differed across the state. While some counties are still in the initial stabilization phase (Stage 1) of the pandemic response, there are a number of less affected counties. Provided these counties are able to demonstrate an ability to protect the public and essential workers, they may be in a position to adopt aspects of Stage 2 of California's roadmap at a faster pace than the state as a whole. As directed by the Governor in Executive Order N-60-20, this guidance provides information on the criteria and procedures that counties will need to meet in order to move more quickly than other parts of the state through Stage 2 of modifying the Stay-at-Home order. It is recommended that counties consult with cities and other stakeholders as they consider moving through Stage 2.

## Local Variance

A county that has met certain criteria in containing COVID-19 may consider increasing the pace at which they advance through Stage 2, but not into Stage 3, of California's roadmap to modify the Stay-at-Home order. Counties are encouraged to first review this document in full to consider if a variance from the state's roadmap is appropriate for the county's specific circumstances. If a county decides to pursue a variance, the local public health officer must:

1. Notify the California Department of Public Health (CDPH) and engage in a phone consultation regarding the county's intent to seek a variance.

2. Certify through submission of a written attestation to CDPH that the county has met the readiness criteria (outlined below) designed to mitigate the spread of COVID-19. Attestations should be submitted by the local public health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable. The full submission must be signed by the local public health officer.

All county attestations, and submitted plans for moving through Stage 2 as outlined below, will be posted publicly on CDPH's website.

While not required, CDPH recommends as a best practice the development of a county COVID-19 containment plan by the local public health officer in conjunction with the hospitals and health systems in the jurisdiction, as well as input from a broad range of county stakeholders, including the County Board of Supervisors.

In addition to pre-submission phone consultations, CDPH is available to provide technical assistance to counties as they develop their attestations and COVID-19 containment plans. Please email Jake Hanson at [Jake.Hanson@cdph.ca.gov](mailto:Jake.Hanson@cdph.ca.gov) to set up a time with our technical assistance team.

County Name: Sonoma

County Contact: Dr. Sundari Mase

Public Phone Number: (707) 565-4426

### Readiness for Variance

The county's documentation of its readiness to increase the pace through Stage 2 must clearly indicate its preparedness according to the criteria below. This will ensure that individuals who are at heightened risk, including for example the elderly and those residing in long-term care and locally controlled custody facilities, continue to be protected as a county progresses through California's roadmap to modify the Stay-at-Home order, and that risk is minimized for the population at large.

As part of the attestation, counties must provide specifics regarding their movement through Stage 2 (e.g., which sectors, in what sequence, at what pace), as well as clearly indicate how their plans differ from the state's order.

It is critical that any county that submits an attestation continue to collect and monitor data to demonstrate that the variances are not having a negative impact on individuals or healthcare systems. Counties must also attest that they have identified triggers and have a clear plan and approach if conditions worsen for modifying the pace of advancing through stage 2, including reinstating restrictions, in advance of any state action. Counties must also submit their plan for how they anticipate moving through Stage 2 (e.g., which sectors will be opened, order of opening etc.).

## Readiness Criteria

To establish readiness for an increased pace through Stage 2 of California's roadmap to modify the Stay-at-Home order, a county must attest to the following readiness criteria and provide the requested information as outlined below:

Sonoma County has demonstrated its preparedness to accelerate into Stage 2 business reopening based on its aggressive actions to interrupt the transmission of COVID-19. The County, by and through its Public Health Officer Dr. Sundari Mase, issued its first Shelter-in-Place Order (County Order) on March 17, 2020 – two days before the State's Stay-at-Home Order (State Order) – when Sonoma County had only four positive COVID-19 cases. Not only was County Order more restrictive than the State Order, additional actions were taken beyond those required by the State, including:

- Order Closing Parks
- Blanket Quarantine and Isolation Orders
- Mandatory Facial Coverings Order
- Orders Setting Requirements for Congregate Care and Living Facilities and First Responders

Due to these quick actions and the broad compliance of the community, the County was successful in substantially flattening the curve. In addition, continued success in maintaining a low rate of transmissions has been the result of an increasingly robust testing program and aggressive contact surveillance which Sonoma instituted at an early stage.

As will be explained further below, based upon local conditions in Sonoma County, the Public Health Officer, County Board of Supervisors, local hospitals, and cities, believe we have collectively, as a region, established our readiness for an increased pace through Stage 2 of California's roadmap to modify the State Order. The County's plan allows for those eligible businesses and workplaces, as set forth by the State, to reopen based upon a risk based approach, with strong mitigation measures in place informed by relevant CDPH guidance and industry-specific best management practices.

- **Epidemiologic stability of COVID-19.** A determination must be made by the county that the prevalence of COVID-19 cases is low enough to be swiftly contained by an epidemiological response. Given the anticipated increase in cases as a result of modifications, this is a foundational parameter that must be met to safely increase the county's progression through Stage 2. The county must attest to:
  - No more than 1 COVID-19 case per 10,000 in the past 14 days prior to attestation submission date.

The County believes there is epidemiological stability of COVID-19 in its jurisdiction because the prevalence of COVID-19 cases is relatively low and can be swiftly contained. In the past 14 days, Sonoma County's number of cases per 10,000 residents is 2.1 overall. The majority (76%) of these cases were among close contacts of positive cases who were identified through contact tracing. At 0.4/10,000, the rate of cases due to community transmission is well below the State benchmark of 1/10,000.

**Rate of COVID-19 cases per 10,000 by source of exposure**

<b>Exposure</b>	<b>Number of cases in the last 14 days</b>	<b>per 10,000 residents</b>
Community	16	0.32
Close Contact	82	1.64
Travel	4	0.08
Under Investigation	4	0.08
All Cases	107	2.14

*Updated May 15, 2020*

Although Sonoma County does not meet the metric for all cases, it is important to consider that we are well below the 1 case per 10,000 residents for community acquired infection at 0.4 cases per 10,000. Sonoma County is following a comprehensive strategy to identify and test all close contacts of cases and will continue to see a high number of infections in this group.

The current overall rate is also driven by the fact that, over the past 14 days, Sonoma County successfully increased testing from a 7-day average of 223 test/day to 476 tests/day. While, as expected, the increased testing has found additional COVID-19 positive cases, importantly the percentage of daily positive tests (positivity) remained stable at 3-4%. These figures indicate the strength of Sonoma County's contact tracing and containment capabilities.

As testing quickly expands to the benchmark of 1.5 tests/1,000 population (750 tests/day) the number of cases identified will likely increase. Monitoring to ensure positivity remains stable will inform the level of community transmission in the population. Currently, the prevalence of COVID-19 cases due to community transmission in Sonoma County appears low enough to be swiftly contained by an epidemiological response.

- No COVID-19 death in the past 14 days prior to attestation submission date.

Sonoma County's COVID-19 mortality rate remains relatively low at 1.1%, which is significantly lower than the statewide rate of 4.1%. Out of 337 confirmed cases (as of May 13<sup>th</sup>), there have been four deaths, two of which occurred during the past two weeks. All of these cases were among persons >65 years with significant, contributing co-morbid conditions.

- **Protection of Stage 1 essential workers.** A determination must be made by the county that there is clear guidance and the necessary resources to ensure the safety of Stage 1 essential critical infrastructure workers. The county must attest to:
  - Guidance for employers and essential critical infrastructure workplaces on how to structure the physical environment to protect essential workers. Please provide copies of the guidance(s).

In partnership with the County of Sonoma and the Department of Health Services, the Economic Development Board has compiled the Coronavirus Business Resources Guide. This

includes industry-specific guidance, potentially available funding for working capital for small business, public health information links, workforce resources and how to help employees affected by Coronavirus. This written guidance can be accessed at <http://sonomaedb.org/Business-Assistance/Coronavirus-Business-Resources/>.

To support health and safety during reopening, County of Sonoma partnered with IBM to develop an app, called *SoCo COVID-19 Check* that can be downloaded through the Apple App Store to allow employees to self-check their health and symptoms of COVID-19 so that they can stay home if they are exhibiting any symptoms. A self-certification website is linked to the app so that employers can ensure each employee's health screening has been completed. The app enables employers to monitor the health of their staff and allows the county to oversee a broader set of public health data to inform its response (data will be stored in IBM's cloud and does not identify individual users).

In addition, County of Sonoma Environmental Health staff are operating a phone resource line and offering technical assistance through presentations and one-on-one consultation to support employers in understanding how to structure the physical environment to protect essential workers.

- Availability of supplies (disinfectant, essential protective gear) to protect essential workers. Please describe how this availability is assessed.

In preparation for the possibility of a surge, County of Sonoma has procured over 1,907,750 units of Personal Protective Equipment (PPE). As of May 13, 2020, 628,856 units had been distributed to health care partners. The County is using multiple data sources to assess what types and quantities of supplies may be needed over the next 30, 60 and 90 days, including:

- Daily California Department of Public Health polling data regarding PPE supplies remaining at hospitals and SNFs
- County of Sonoma PPE Burn Rate survey distributed to health care system partners regarding daily burn rates and procurement sources
- Analysis of warehouse data and resource requests
- Self-certification by businesses as to current supplies and access to order more through non-Government supply chains.

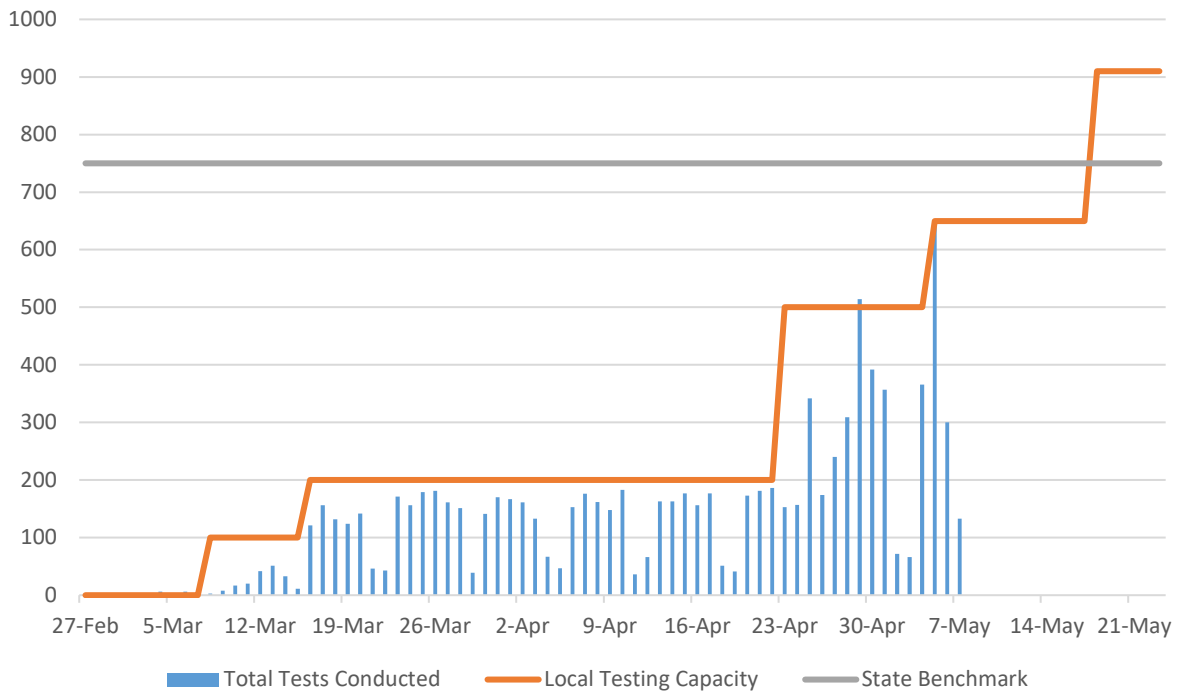
PPE Burn Rate survey responses indicate that hospitals currently have more than a 30 day supply of gloves, masks, gowns and N95 respirators. The Department Operations Center Logistics team is utilizing burn rate estimates to procure enough supplies to meet health partner PPE needs for 90 days, factoring in a potential surge (multiplying projected need by 1.5).

- **Testing capacity.** A determination must be made by the county that there is testing capacity to detect active infection that meets the state's most current testing criteria (available on CDPH website). The county must attest to:
  - Minimum daily testing volume to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Please provide the plan and the county's average daily testing volume for the past week. If the county does not believe a testing volume of 1.5

per 1,000 residents is merited, please provide justification for this.

Sonoma County's testing capacity is on track to exceed the State's goal of 750 tests/day based on Sonoma County's population of 494,336 (U.S Census Bureau, 2019) and expanded testing sites. As of May 14, 2020, 12,252 tests had been conducted. To reach a testing volume of 1.5 per 1,000 residents, Sonoma County should have the capacity to conduct at least 750 tests per day. The County has been steadily increasing its testing capacity through the addition of drive-through testing sites, a partnership with UCSF to process test results, field surveillance, and the addition of two OptumServe State testing sites. Starting May 18<sup>th</sup>, the OptumServe sites will double their daily capacity bringing Sonoma County's testing capacity to over 900 tests per day. From May 4 through May 10, the 7-day average tests per day increased by over 45% - from 324 to 476.

**Sonoma County Testing Capacity**



- o Testing availability for at least 75% of residents, as measured by a specimen collection site (including established health care providers) within 30 minutes driving time in urban areas, and 60 minutes in rural areas. Please provide a listing of all specimen collection sites in the county, whether there are any geographic areas that do not meet the criteria, and plans for filling these gaps. If the county depends on sites in adjacent counties, please list these sites as well.

Free, accessible testing is available to all residents generally less than 30 minutes from their homes. Residents can find a testing site near their location by searching a test locator site developed by County of Sonoma. Testing is available at least five days per week at the following locations:

## Sonoma County Community, State, and Health Care System Testing Sites

<i>Provider</i>	<i>Location</i>	<i>Who is eligible?</i>	<i>Contact</i>	<i>Testing Capacity</i>
<b>County of Sonoma Public Health Drive Thru Testing</b>	3313 Chanate Rd. Santa Rosa, CA 95404	Health care workers with or without symptoms; first responders with or without symptoms; symptomatic people older than 65; symptomatic people with underlying health conditions; and all essential workers, with or without symptoms. All testing is free.	Appointment only; call 707-565-4667. Testing offered seven days per week.	300 tests daily
<b>County of Sonoma Public Health</b>	625 5 <sup>th</sup> St, Santa Rosa 95401	Close Contacts of positive COVID-19 cases	Appointment only. Scheduled by contact tracing team	30 tests daily
<b>OptumServe</b>	Santa Rosa High School	Free testing available to all residents regardless of immigration status	Appointments are available on weekdays, and can be made at <a href="https://lhi.care/covidtesting">https://lhi.care/covidtesting</a> . Residents without internet access can call 1-888-634-1123	132 tests daily; expanding to 264 tests per day 5/18
<b>OptumServe</b>	Petaluma Campus Santa Rosa Junior College	Free testing available to all residents regardless of immigration status	Appointments are available on weekdays, and can be made at <a href="https://lhi.care/covidtesting">https://lhi.care/covidtesting</a> . Residents without internet access can call 1-888-634-1123	132 tests daily; expanding to 264 tests per day 5/18
<b>Hospitals, clinics, health care providers</b>	Multiple	Symptomatic individuals	Please contact your health care provider.	Variable

- **Containment capacity.** A determination must be made by the county that it has adequate infrastructure, processes, and workforce to reliably detect and safely isolate new cases, as well as follow up with individuals who have been in contact with positive

cases. The county must attest to:

- o Sufficient contact tracing. For counties that have no cases, there should be at least 15 staff per 100,000 county population trained and available for contact tracing; for counties with small populations, there must be at least one staff person trained and available. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge.

For Sonoma County's population of 494,336, this criteria means we need at least 75 trained contact tracing staff. **A team of approximately 70 County staff and retired doctors and nurses are effectively managing current contact tracing needs as the team works to build additional capacity in the event of a surge. By 6/15, the County will have 150 trained staff and by 7/15 will have 230 contact tracing staff.** Capacity building activities to date include the following activities:

- o 100 individuals were trained to assist on 03/29/2020.
- o California Department of Public Health selected Sonoma County as a pilot county to expand contact tracing capacities. The State is offering database support and training (starting 05/07/2020) for a new cohort of contact tracers.
- o Through partnership with the State training/resources, local non-profit organizations, and County staffing, the County will train up to 200 additional contact tracing personnel and 50 case interviewers. The need will be met through a combination of reassignment of existing County staff, collaborations with community partners, retired and other health professional volunteers, community volunteers, and possibly temporary hires if required to meet long-term needs.
- o All new staff/volunteers will be required to complete the State contact training/case interviewing 5-day course prior to starting their work. A minimum commitment of 12-16 hours per week will be required to maintain quality and efficiency. There will be a phased scale-up as volunteers are trained and oriented to County and State systems for data collection and client follow-up. By the end of May, we anticipate onboarding the first 15 new staff/volunteers to test the team configuration and refine the system. Once the State case/contact management platform is available to the County in the next two weeks and training materials are available online, scale-up will proceed rapidly.
- o We anticipate an additional 100 contact tracers to come on board in June, followed by an additional 85 in the first half of July, so the County will be fully staffed to handle any surge in cases. Current staff serving as contact tracers will move into case interviewer positions and will be replaced as contact tracers by new staff. Ongoing recruitment and training is anticipated to backfill positions as staff/volunteers return to work or cease participation.
- o Approximately 20 nurses are currently performing initial case interviews and more than 20 volunteers are following contacts to cases.
- o On average, each case yields about 5 contacts (range 0-more than 30). Contacts to positive cases are encouraged to seek testing. Contact testing for individuals without insurance or a medical home are tested through Sonoma County Public Health. This testing can accommodate up to 30 tests per day, Monday through Friday.



- Availability of temporary housing units to shelter at least 15% of county residents experiencing homelessness in case of an outbreak among this population requiring isolation and quarantine of affected individuals. Please describe the county's plans to support individuals, including those experiencing homelessness, who are not able to properly isolate in a home setting by providing them with temporary housing (including access to a private bathroom), for the duration of the necessary isolation or quarantine period.

The efforts of the Homeless Taskforce, composed of City and County staff, succeeded in exceeding the 15% State goal of addressing the needs of unsheltered and sheltered homeless individuals in Sonoma County with an emphasis on persons over 65 years old and those most vulnerable to COVID-19 based upon underlying medical conditions. Additionally, the taskforce provides guidance to homeless system of care providers in collaboration and in partnership with healthcare. A primary objective of the Taskforce is to provide services to individuals experiencing homelessness to increase their safety during the COVID emergency, including hygiene facilities, food and temporary shelter.

This Taskforce has secured hotel rooms/trailer units with full services including food, transport, basic health services and monitoring for isolation/quarantine for at least 152 medically vulnerable homeless individuals. At single occupancy, these placements would represent approximately 5% of the overall homeless population of 2,951 as last estimated in 2019. However, data informing this effort includes an analysis of social service utilization and emergency department data by the California Policy Lab found that there are over 41,000 individuals in Sonoma County with a history of hospitalization for COVID-19 risk factors, such as respiratory illnesses. Almost one-third are over the age of 65 and at least 1,625 are also housing unstable. The 152 placements represent 9.4% of this medically vulnerable homeless population.

Additional placements available that help Sonoma County reach the stated benchmark include the Sonoma County Alternate Care Sites which offer 256 isolation/quarantine rooms for individuals with COVID-19 tests pending and 90 placements for COVID 19 positive patients. With contract amendments in the event of a surge, these spaces can expand to 324 and 150 beds respectively, providing a combined Alternate Care Site surge capacity of 474 beds. The combined Non-Congregate Care site and Alternate Care Site capacity is 626 beds—**capacity to serve 21% of the total homeless population, and 38.5% of the most medically vulnerable unhoused.**

In addition to providing isolation/quarantine spaces, County homeless outreach workers are conducting street and shelter outreach to notify homeless residents of resources available and to offer enrollment in ACCESS Sonoma. The goal of ACCESS is to identify the most vulnerable residents in the community—those experiencing chronic unemployment, homelessness and housing insecurity and who have behavioral health and substance use issues who may also receive services that intersect with agencies in the criminal justice system—and helps them receive the support they need through coordinated cross-sector case management.

- **Hospital capacity.** A determination must be made by the county that hospital capacity, including ICU beds and ventilators, and adequate PPE is available to handle standard health care capacity, current COVID-19 cases, as well as a potential surge due to COVID-19. If the county does not have a hospital within its jurisdiction, the county

will need to address how regional hospital and health care systems may be impacted by this request and demonstrate that adequate hospital capacity exists in those systems. The county must attest to:

- o County (or regional) hospital capacity to accommodate a minimum surge of 35% due to COVID-19 cases in addition to providing usual care for non-COVID-19 patients. Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.

Sonoma County has the hospital capacity and professional health care staff to accommodate in excess of a 35% surge in COVID-19 cases. On a daily basis the County assesses COVID-19 hospitalizations, hospital bed availability, ICU capacity, and ventilators available. Local hospitals have the internal surge capacity to expand staffed beds by 37.3%. Sonoma County hospitals report 707 licensed beds (67 of which are licensed ICU beds) and the internal physical and staffing ability to add 264 beds through surge.

In addition, the Sonoma County Alternate Care Sites offer 256 isolation/quarantine rooms for individuals with COVID-19 tests pending and 90 placements for COVID 19 positive patients. With contract amendments in the event of a surge, these spaces can expand to 324 and 150 beds respectively, providing a combined Alternate Care Site surge capacity of 474 beds. The Alternate Care Site is being staffed by Petaluma Health Center personnel.

According to an Emergency Medical Services (EMS) survey of 41 health care entities (clinics, hospitals, skilled nursing facilities, dialysis, emergency medical services, fire services, and law enforcement) in April 2020, the health workforce in Sonoma County consists of 17,919 health professionals.

To date, there have been 32 COVID-19 related hospitalizations (representing 9% of positive cases). At present, hospitals are at 63% capacity and ICU beds are 76% full. Should Sonoma County be permitted to ease restrictions, the County would watch hospital capacity closely and work with hospitals to cease elective procedures and/or divert more patients to alternate care facilities should they reach 85% or more of their regular operating capacity.

- County (or regional) hospital facilities have a robust plan to protect the hospital workforce, both clinical and nonclinical, with PPE. Please describe the process by which this is assessed.

Hospital personal protective equipment (PPE) needs are being monitored by the County of Sonoma and the California Department of Public Health (CDPH). Hospitals report their PPE and staffing supply needs daily to CDPH and this information is shared with the County of Sonoma. The County is also surveying hospitals about their PPE burn rate, or how quickly they utilize provided PPE, to inform the amount of PPE the County should obtain for distribution in the next 30, 60 and 90 days to protect health workers in the event of a COVID-19 surge. The table below displays PPE requested by health care partners and distributed by the County since March.

PPE Description	Total PPE Requested by Op Area	Total <u>Individual Units</u> Shipped
N95 Masks - Adult	101,814	111,456
N95 Masks - Small	16,670	21,960
Surgical / Procedure Masks	166,710	165,150
Safety Glasses	2,564	3,792
Safety Goggles	5,627	1,380
Face Shields	3,298	4,867
Surgical Gowns (All Sizes)	28,564	8,578
Tyvek Suits / Coveralls (All Sizes)	21,706	22,804
Nitrile Gloves (All Sizes)	456,048	281,236
Infrared Thermometers	268	98
Booties	-	2,900
Hand Sanitizer	712	4,535
<b>TOTAL</b>	<b>803,981</b>	<b>628,856</b>

(Updated: 05/13/2020)

PPE Burn Rate survey responses indicate that hospitals currently have more than a 30 day supply of gloves, masks, gowns and N95 respirators. The Department Operations Center Logistics team is utilizing burn rate estimates to procure enough supplies to meet health partner PPE needs for 90 days, factoring in a potential surge (multiplying projected need by 1.5).

- **Vulnerable populations.** A determination must be made by the county that the proposed variance maintains protections for vulnerable populations, particularly those in long-term care settings. The county must attest to:
  - Skilled nursing facilities (SNF) have >14 day supply of PPE on hand for staff, with established process for ongoing procurement from non-state supply chains. Please list the names and contacts of all SNFs in the county along with a description of the system the county has to track PPE availability across SNFs.

**Names and Contacts of Skilled Nursing Facilities in Sonoma County**

Skilled Nursing Facility	Point of Contact (POC)	POC Email address
Sonoma Postacute Care	Emmanuel Tatah	Administrator@sonomapostacute.com
Vineyard Post Acute	Vineyard Post Acute	Shane.blood@providencegroup.com

Creekside Rehabilitation And Behavioral Health	Donald Atterberry	<a href="mailto:Datterberry@thekkek.com">Datterberry@thekkek.com</a>
Healdsburg Senior Living Community	Rob Matthews, Ed Or Lacey Ernst, Rn, Don	<a href="mailto:Ed.healdsburg@pacificaseniorliving.com">Ed.healdsburg@pacificaseniorliving.com</a> or <a href="mailto:dn.healdsburg@pacificaseniorliving.com">dn.healdsburg@pacificaseniorliving.com</a>
Arbol Residences Of Santa Rosa	Jennifer Abramson	<a href="mailto:Abramsonjennifer@arbolsantarosa.com">Abramsonjennifer@arbolsantarosa.com</a>
Santa Rosa Post Acute	Arwin Bulaun	<a href="mailto:Arwin.bulaun@santarosapostacute.com">Arwin.bulaun@santarosapostacute.com</a>
Valley Of The Moon Post Acute	Mike Empey	<a href="mailto:Mempey@ensignservices.net">Mempey@ensignservices.net</a>
Vineyard Post Acute	Arlene E. Fandinola, Dsd/lp	
Petaluma Post-Acute Rehab	Derrick Whitacre	<a href="mailto:Dwhitacre@aspenskiiledhealth.com">Dwhitacre@aspenskiiledhealth.com</a>
Friends House	Clara Allen	<a href="mailto:Callen@covia.org">Callen@covia.org</a>
Empres Post Acute Rehabilitation	Constance Smith	<a href="mailto:Csmith3@empres.com">Csmith3@empres.com</a>
Healdsburg District Hospital D/P Snf	Celia Palacio	<a href="mailto:Cpalacio@nschd.org">Cpalacio@nschd.org</a>
Sonoma Post Acute	Tanner Wilson	<a href="mailto:Tanner.wilson@sonomapostacute.com">Tanner.wilson@sonomapostacute.com</a>
Broadway Villa Post Acute	Michael Empey	<a href="mailto:Mempey@ensignservices.net">Mempey@ensignservices.net</a>
Hillcrest Post Acute	Brett Moore	<a href="mailto:Bmoore@westharborhc.com">Bmoore@westharborhc.com</a>
Summerfield Healthcare Center	Jenae Prince	<a href="mailto:Jenprince@ensignservices.net">Jenprince@ensignservices.net</a>
Spring Lake Village	Kristin Hermanson	<a href="mailto:Khermanson@covia.org">Khermanson@covia.org</a>
Arbol Residences Of Santa Rosa	Jennifer Abramson	<a href="mailto:Abramsonjennifer@arbolsantarosa.com">Abramsonjennifer@arbolsantarosa.com</a>
Apple Valley Post-Acute Rehab	Barbie Robles	<a href="mailto:Brobles@applevalleyrehab.com">Brobles@applevalleyrehab.com</a>
Cloverdale Healthcare Center	Dolores Perryman	<a href="mailto:Doperryman@ensignservices.net">Doperryman@ensignservices.net</a>
Sonoma Postacute Care	Emmanuel Tatah	<a href="mailto:Administrator@postacuteecare.com">Administrator@postacuteecare.com</a>
Windsor Care Center Of Petaluma	Tracey Mease, Administrator	<a href="mailto:Petadmin@windsorcares.com">Petadmin@windsorcares.com</a>

To monitor the needs of Skilled Nursing Facilities (SNFs), the County reviews the supply needs of the facilities based on regular polling completed by the California Department of Public Health. In addition the County distributed a PPE burn rate survey to the SNFs inquiring about their regular supply chains, current stock of PPE, and the rate at which they were depleting that stock (results from this survey are still pending).

### Field Surveillance Among Vulnerable Populations in the Community

Public Health Field Surveillance does outreach to homeless, incarcerated and long term care residents. If and when there is an exposure (close contact with a COVID-19 positive staff member or resident) or outbreak (greater than 3 residents or staff members) the Field Surveillance team responds with wider (sometimes entire facility) testing with additional support from American Medical Response (AMR) and Kaiser if needed.

Population under surveillance	Tests Completed
Skilled Nursing Facility/Post Acute Hospital	579
Homeless	84
Jail/Juvenile Hall	129
Residential Care Facilities/Board & Care/Group	146
Hospice	35
<b>Total</b>	<b>973</b>

*(Enhanced surveillance testing, PH Disease Control as of 5/4/2020)*

Per surveillance by the state of California

[https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/SNFsCOVID\\_19.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/SNFsCOVID_19.aspx) as of May 11 there have been no outbreaks in SNFs and minimal cases in other residential care facilities in Sonoma County. This area remains a key focus of public health efforts and a priority for surveillance and supplies.

### Monitoring COVID-19 Among Older Adults

Individuals 65 years and older are currently under-represented in the proportion of positive cases in the county.

Age Category	Cases	% of Cases	% of Population
0-17 yrs	31	11.4%	19.7%
18-49 yrs	140	51.5%	39.7%
50-64 yrs	62	22.8%	21.0%
65+ yrs	39	14.3%	19.6%
<b>Total</b>	<b>272</b>	<b>100%</b>	<b>100%</b>

*(Last updated: 05/08/2020)*

## Latinx Community Outreach

Similar to State and National trends, the Latinx community in Sonoma County has been disproportionately impacted by COVID-19.

**All Cases associated with COVID-19 by Race and Ethnicity, as of 5.10.20**

Race/ethnicity	Number of cases	Percent of cases	Percent of population
Hispanic/Latino	139	58.9%	27.2%
White, non-Hispanic	77	32.6%	64.7%
Asian/Pacific Islander, non-Hispanic	13	5.5%	5.1%
Other <sup>^</sup> , non-Hispanic	7	3.0%	3.0%

Cases: 309 total, 73 (24%) missing race/ethnicity

<sup>^</sup>Black/African American, American Indian/Alaska Native, and Other

The County of Sonoma is using a comprehensive approach—involving data collection, monitoring, and expanded outreach—to help prevent and mitigate impacts of COVID-19 in the Latinx community.

Plan elements include:

- Focused testing, health education, and resource outreach to the Latinx community through four pop-up testing events in May, 2020 in Santa Rosa, Petaluma, Sonoma Valley and Healdsburg.
- Tracking and reporting COVID-19 cases by race/ethnicity using epidemiological standards in order to identify disparities and any increased risks.
- Tracking and monitoring social determinants of health data particularly relevant to this crisis, including: unemployment, health status, etc.
- Developing and communicating mitigation strategies that reduce transmission to and within the Latinx community.
- Developing strategies to mitigate the known impacts to the Latinx community (e.g. job loss, reduced wages, exacerbated health conditions, mental health, etc.)
- Increasing outreach regarding health/safety and prevention messaging, as well as for available support made available to Latinx community through local, state and federal government programs, as well as community based efforts.
- Continuing coordination with Latinx community partners and leaders in order to ensure responsiveness of the plan.
- **Sectors and timelines.** Please provide details on the county's plan to move through Stage 2. This should include which sectors and spaces will be opened, in what sequence, on what timeline. Please specifically indicate where the plan differs from the state's order. Please note that this variance should not include sectors that are part of Stage 3.

As of May 15, 2020, the State Early Stage 2 sectors are open in Sonoma County. Following the posting of this Attestation by CDPH, the County proposes to open:

- Dine-in Restaurants – *Outdoor Seating Only*: Operations must be in compliance with current State and County guidance;
- Childcare – Broadened to include Summer Day Camps: Operations must be in compliance with current State and County child care facility requirements;
- Drive-In/Drive-Through religious and other ceremonial services: Operations must be in compliance with any State-issued guidance and guidance developed or approved by the Public Health Officer; and
- Wineries, Breweries, Tasting Rooms – *Outdoor Tasting Only*: Operations must be in compliance with industry-specific guidance currently being developed in consultation with neighboring counties and stakeholders.

To follow at a later date when determined appropriate by the Public Health Officer:

- Dine-In Restaurants – *Indoor Seating*;
- Destination Retail; and
- Schools with Modifications.

The County will consider allowing other businesses and activities in Stage 2 as the State may continue adding to its eligible businesses and activities in this Stage. State guidance and checklists are rapidly being made available for Stage 2 workplaces, which the County has made, and will continue to make, separately available through its websites. The County incorporates by reference those guidance and checklists at <https://covid19.ca.gov/roadmap/>. The County's Economic Development Board, in partnership with local business stakeholders, has also developed best management practices for various Stage 1 and Stage 2 industries which can be found at <http://sonomaedb.org/Business-Assistance/Coronavirus/Business-Management-Plans/>. As additional guidance documents are available, the County will continue posting them to our websites.

- **Triggers for adjusting modifications.** Please share the county metrics that would serve as triggers for either slowing the pace through Stage 2 or tightening modifications, including the frequency of measurement and the specific actions triggered by metric changes. Please include your plan for how the county will inform the state of emerging concerns and how it will implement early containment measures.

Sonoma County will continue to measure and monitor various indicators that will serve as triggers for either slowing the pace through Stage 2, tightening modifications through amendments to its Shelter-at-Home Order, or engaging in other surveillance and interventions. The County is creating a dashboard of various indicators that allow for real-time public health surveillance that will soon be live. These indicators and others being monitored include:

Indicator	Frequency of measurement	Current	Notify CDPH for guidance and consider implementing restrictions or taking precautionary measures
Rate of cases per 10,000	Weekly	2.1	3
Case fatality rate	Daily	1.1%	5%
Proportion of cases due to community exposure	Weekly	19%	30%
Contact tracing staffing	Weekly	50	<75 staff or fewer staff than needed to manage contact tracing needs
Doubling rate	Weekly	30 days	20 days
Percent positive tests	Weekly	3.4%	>7%
Average weekly testing volume of at least 750 tests per daily	Weekly	446 test per day average	<750
Percent of cases ever hospitalized	Daily	9%	15%
Proportion of cases among adults 65 and older	Weekly	14.3%	21%
Number of cases in Skilled Nursing Facilities	Weekly	0	5
Number of cases among homeless population	Weekly	2	5
Ventilators available	Daily	24% occupied	50% occupied
Hospital census	Daily	63% occupied	85% occupied
ICU Bed Availability	Daily	76% occupied	90% occupied
PPE supply in hospitals	Daily	>30 day supply	<14 day supply
PPE supply in Skilled Nursing Facilities	Daily	Still under assessment	<14 day supply



If community case transmission is increasing and healthcare capacity is decreasing, the County will consider reinstating Shelter-In-Place measures. The County reserves the right to modify the above indicators and community mitigations as it deems fit in order to protect the public health and community from the impacts of increased COVID-19 transmission. The County will inform the State of any modifications to its indicators and any emerging concerns by requesting monthly calls with CDPH staff to provide an overall status update.

- **Your plan for moving through Stage 2.** Please provide details on your plan for county to move through opening sectors and spaces that are part of the State's plan for Stage 2. A reminder, that this variance only covers those areas that are part of Stage 2, up to, but not including Stage 3. For additional details on sectors and spaces included in Stage 2, please go to the [California Coronavirus \(COVID-19\) Response County variance web page](#)

In addition to what has been stated in the County's response to *Sectors and Timelines*, above, the County's actions also will be informed by pandemic resource documents, such as the CDC's Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission. This resource makes the point that community mitigations should be guided by the local characteristics of the disease transmission, demographics, and public health and healthcare system capacity. The County's actions will also be guided by Johns Hopkins' Public Health Principles for a Phased Reopening during COVID-19: Guidance for Governors. As that reference notes, the results of reopening decisions, such as further progression into Stage 2, will take two to three weeks to be reflected in metrics. Further, if case counts, hospitalizations, and deaths go up in that time, further actions in reopening should be paused, and steps should be taken to get control of rising numbers. Finally, possible actions might include changes to case and contact tracing, taking specific actions to respond to any outbreaks, and the re-imposition of various Shelter-In-Place restrictions focusing first on those businesses and activities that are more likely to result in transmission and therefore pose higher risks to public health.

### **COVID-19 Containment Plan**

While not mandatory, CDPH strongly recommends that counties requesting a variance to increase the pace through Stage 2 create a county COVID-19 containment plan as noted above. While not exhaustive, the following areas and questions are important to address in any containment plan.

#### Testing

- Is there a plan to increase testing to the recommended daily capacity of 2 per 1000 residents?
- Is the average percentage of positive tests over the past 7 days <7% and stable or declining?
- Have specimen collection locations been identified that ensure access for all residents?
- Have contracts/relationships been established with specimen processing labs?
- Is there a plan for community surveillance?

Please see response under *Testing Capacity*, above. The County is continuing to

develop additional details in coordination with all stakeholders.

### Contact Tracing

- How many staff are currently trained and available to do contact tracing?
- Are these staff reflective of community racial, ethnic and linguistic diversity?
- Is there a plan to expand contact tracing staff to the recommended levels to accommodate a three-fold increase in COVID-19 cases, presuming that each case has ten close contacts?
- Is there a plan for supportive isolation for low income individuals who may not have a safe way to isolate or who may have significant economic challenges as a result of isolation?

Please see response under *Containment Capacity*, above. The County is partnering with Community Action Partnership to train their bilingual case managers to assist in contact tracing efforts. The County is continuing to develop additional details in coordination with all stakeholders.

### Protecting the Vulnerable

- How many congregate care facilities, of what types, are in the county?
- How many correctional facilities, of what size, are in the county?
- How many homelessness shelters are in the county and what is their capacity?
- What is the COVID-19 case rate at each of these facilities?
- Do facilities have the ability to safely isolate COVID-19 positive individuals?
- Do facilities have the ability to safety quarantine individuals who have been exposed?
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities?
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

Please see responses under *Vulnerable Populations*, above. The County is continuing to develop additional details in coordination with all stakeholders.

### Acute Care Surge

- Is there daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity?
- Are hospitals relying on county MHOAC for PPE, or are supply chains sufficient?
- Are hospitals testing all patients prior to admission to the hospital?
- Do hospitals have a plan for tracking and addressing occupational exposure?

Please see response under *Hospital Capacity*, above. The County is continuing to develop additional details in coordination with all stakeholders.

### Essential Workers

- How many essential workplaces are in the county?
- What guidance have you provided to your essential workplaces to ensure employees and customers are safe in accordance with state/county guidance for modifications?
- Do essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment?
- Is there a testing plan for essential workers who are sick or symptomatic?
- Is there a plan for supportive quarantine/isolation for essential workers?

Please see response under *Protection of Essential Workers*, above. The County is actively engaged with employers and businesses to develop appropriate health and safety protocols through the Business Recovery Task Forces established by the Economic Development Board. In addition, the County has procured over 2,500 thermometers to help businesses conduct employee health assessments and is working with the State to provide PPE to essential workers. The County is continuing to develop additional details in coordination with all stakeholders.

### Special Considerations

- Are there industries in the county that deserve special consideration in terms of mitigating the risk of COVID-19 transmission, e.g. agriculture or manufacturing?
- Are there industries in the county that make it more feasible for the county to increase the pace through stage 2, e.g. technology companies or other companies that have a high percentage of workers who can telework?

Sonoma County has a vibrant and diverse agricultural heritage -- producing everything from wine grapes, fresh eggs, fruits and vegetables, to wool, meats and a wide variety of milk products. The County in coordination with agricultural stakeholders is in the process of developing sector-specific guidance for employers' to use best practices to protect the agricultural workers, customers and others involved in the industry from the risk of COVID-19 transmission. We are also closely coordinating with similar jurisdictions, including Napa County, on best management practices for wineries and tasting rooms.

As discussed above, the County and the Economic Development Board are actively engaged with employers and businesses to develop additional guidance documents by sector.

### Community Engagement

- Has the county engage with its cities?
- Which key county stakeholders should be a part of formulating and implementing the proposed variance plan?
- Have virtual community forums been held to solicit input into the variance plan?
- Is community engagement reflective of the racial, ethnic, and linguistic diversity of the community?

The County has actively engaged with its nine incorporated cities, and operational area partners, on all aspects of this health emergency response. The County and cities engage on a daily basis at a variety of levels of staff, leadership and elected levels to stay informed and engaged on measures needed to protect the health and safety of local residents, including enhancement of healthcare capacity, alternate housing, procurement of PPE, and developing a safe reopening strategy.

Members of the Board of Supervisors have committed to engage with and facilitate community recovery discussions as Community Recovery Liaisons for designated areas in the community – including community wellness, Latinx , faith-based organizations, disadvantaged communities, business (large, small, self-employed), agriculture, tourism – to better understand how they are being impacted by the pandemic and elevate those issues to other Board members and appropriate channels for solutions.

Through the Economic Development Board, the County has formed a Business Recovery Task Force with specific work groups for the following industries: Restaurants and Retail; Hotels and Hospitality; Construction and Real Estate; Wine and Agriculture; and Manufacturing. These work groups have established (and are in the process of establishing additional) industry-specific Business Management Plans available at <http://sonomaedb.org/Business-Assistance/Coronavirus/Business-Management-Plans/>.

The County has actively engaged with and provided information to our community since the beginning of this pandemic, including Spanish speakers. All print, social media, and online information is provided in English and Spanish, including press releases, press conferences, and official information such as health orders. We launched a paid PSA campaign across Spanish and English radio stations, social media, and streaming outlets promoting safety practices to prevent coronavirus transmission.

The County has also participated in bilingual virtual town halls since March, and has engaged residents through Facebook live updates with the Public Health Officer, translated to Spanish by a nurse. The County also holds re-occurring phone meetings with Latinx community stakeholders to update them, answer questions, and develop additional strategies to reach the Latinx community, and a daily community update is shared Latinx stakeholders through email.

Additionally, the Department of Health Services established a Latinx workgroup, that includes community health leaders, to discuss how to effectively reduce the disparate impact of COVID-19 on the Latinx community.

#### Relationship to Surrounding Counties

- Are surrounding counties experiencing increasing, decreasing or stable case rates?
- Are surrounding counties also planning to increase the pace through Stage 2 of California's roadmap to modify the Stay-at-Home order, and if so, on what timeline? How are you coordinating with these counties?
- How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?

Sonoma County coordinates with our neighboring counties on regional approaches as appropriate, while recognizing that each county is uniquely situated in terms of COVID-19 transmission and community needs. As plans to reopen continue to be developed, Sonoma County will continue to refine this element of the containment plan, particularly as it relates to workers traveling between counties from home to work.

In addition to your county's COVID-19 VARIANCE ATTESTATION FORM, please include:

- Letter of support from the County Board of Supervisors
- Letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable.
- County Plan for moving through Stage 2

All documents should be emailed to Jake Hanson at [Jake.Hanson@cdph.ca.gov](mailto:Jake.Hanson@cdph.ca.gov)

I\_\_\_\_\_, hereby attest that I am duly authorized to sign and act on behalf of\_\_\_\_\_. I certify that\_\_\_\_\_ has met the readiness criteria outlined by CDPH designed to mitigate the spread of COVID-19 and that the information provided is true, accurate and complete to the best of my knowledge. If a local COVID-19 Containment Plan is submitted for\_\_\_\_\_, I certify that it was developed with input from the County Board of Supervisors/City Council, hospitals, health systems, and a broad range of stakeholders in the jurisdiction. I acknowledge that I remain responsible for implementing the local COVID-19 Containment Plan and that CDPH, by providing technical guidance, is in no way assuming liability for its contents.

I understand and consent that the California Department of Public Health (CDPH) will post this information on the CDPH website and is public record.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Position/Title \_\_\_\_\_

Date \_\_\_\_\_