

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

COVID-19 VARIANCE ATTESTATION FORM

FOR San Mateo County



May 18, 2020

Background

On March 4, 2020, Governor Newsom proclaimed a State of Emergency because 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 14th, the State presented the Pandemic Roadmap, a four-stage plan for modifying the Stay-at-Home order, and, on May 4th, 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 and level of county readiness for COVID-19 has differed across the state. On May 7th, as directed by the Governor in Executive Order N-60-20, the State Public Health Officer issued a local variance opportunity through a process of county self-attestation to meet a set of criteria related to county disease prevalence and preparedness. This variance allowed for counties to adopt aspects of Stage 2 at a rate and in an order determined by the County Local Health Officer. Note that counties desiring to be stricter or move at a pace less rapid than the state did not need a variance.

In order to protect the public health of the state, and in light of the state's level of preparedness at the time, more rapid movement through Stage 2 as compared to the state needed to be limited to those counties which were at the very lowest levels of risk. Thus, the first variance had very tight criteria related to disease prevalence and deaths as a result of COVID-19.

Now, 11 days after the first variance opportunity announcement, the state has further built up capacity in testing, contact tracing and the availability of PPE. Hospital surge capacity remains strong overall. California has maintained a position of stability with respect to hospitalizations. These data show that the state is now at a higher level of preparedness, and many counties across the state, including those that did not meet the first variance criteria are expected to be, too. For these reasons, the state is issuing a second variance opportunity for certain counties that did not meet the criteria of the first variance attestation. This next round of variance is for counties that can attest to meeting specific criteria indicating local stability of COVID-19 spread and specific levels of county preparedness. The criteria and procedures that counties will need to meet in order to attest to this second variance opportunity are outlined below. It is recommended that counties consult with cities,

tribes and stakeholders, as well as other counties in their region, as they consider moving through Stage 2.

Local Variance

A county that has met the criteria in containing COVID-19, as defined in this guidance or in the guidance for the first variance, may consider modifying how the county advances through Stage 2, either to move more quickly or in a different order, of California's roadmap to modify the Stay-at-Home order. Counties that attest to meeting criteria can only open a sector for which the state has posted sector guidance (see [Statewide industry guidance to reduce risk](#)). 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 health officer must:

1. Notify the California Department of Public Health (CDPH), and if requested, 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 health officer, and accompanied by a letter of support from the County Board of Supervisors, as well as a letter of support from the health care coalition or health care systems in said county.¹ In the event that the county does not have a health care coalition 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 health officer.

All county attestations, and submitted plans as outlined below, will be posted publicly on CDPH's website. CDPH is available to provide consultation to counties as they develop their attestations and COVID-19 containment plans. Please email Jake Hanson at Jake.Hanson@cdph.ca.gov to notify him of your intent to seek a variance and if needed, request a consultation.

County Name: San Mateo County

County Contact: Health Officer Dr. Scott Morrow, MD & Chief of Health Louise F. Rogers

Public Phone Number: 650-573-2532

Readiness for Variance

The county's documentation of its readiness to modify how the county advances through Stage 2, either to move more quickly or in a different order, than the California's roadmap to modify the Stay-at-Home order, 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 with specific co-morbidities, and those residing in long-term

¹ If a county previously sought a variance and submitted a letter of support from the health care coalition or health care systems but did not qualify for the variance at that time, it may use the previous version of that letter. In contrast, the County Board of Supervisors must provide a renewed letter of support for an attestation of the second variance.

care and locally controlled custody facilities and other congregate settings, 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.

As a best practice, if not already created, counties will also attest to plan to develop a county COVID-19 containment strategy by the local 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.

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 to reinstitute restrictions in advance of any state action.

Readiness Criteria

To establish readiness for a modification in the pace or order 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:

- **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 reintroducing features of the stay at home order and using capacity within the health care delivery system to provide care to the sick. Given the anticipated increase in cases as a result of modifying the current Stay-At-Home order, this is a foundational parameter that must be met to safely increase the county's progression through Stage 2. The county must attest to:
 - Demonstrated stable/decreasing number of patients hospitalized for COVID-19 by a 7-day average of daily percent change in the total number of hospitalized confirmed COVID-19 patients of <+5% **-OR-** no more than 20 total confirmed COVID-19 patients hospitalized on any single day over the past 14 days.

San Mateo County has the following demonstrated stable/decreasing number of patients hospitalized for COVID-19 by a 7-day average of daily percent change in the total number of hospitalized confirmed COVID-19 patients of <+5%.

Date	# of Hospitalizations	Previous day # of Hospitalizations	% Change by Day
June 3	43	42	2.4%
June 4	36	43	-16.3%
June 5	38	36	5.6%
June 6	31	38	-18.4%
June 7	50	31	61.3%
June 8	34	50	-32.0%
June 9	29	34	-14.7%
	7 day Average		-1.7%

Source: ReddiNet polling of San Mateo County hospitals

In addition, admissions per day rarely exceed 20 per day. Between April 28 and June 10, there were only three days when COVID-19 admissions to hospitals exceeded 20 per day. On those three days, 25, 22, and 22 admissions occurred. Similarly, the total census of COVID-19 patients in hospitals during that period ranged significantly from 82 to 33. We are close to meeting the State target of no more than 20 admissions per day; while the % change by day of total COVID-19 hospitalizations varies, hospital capacity to surge is substantial as described later this document.

- o 14-day cumulative COVID-19 positive incidence of <25 per 100,000 -OR- testing positivity over the past 7 days of <8%.

San Mateo County current cumulative incidence for the last 14 days (May 27-June 9) is 62.0 per 100,000 population (total of 475 cases) and the testing positivity rate is 3.2% (264 positives in the past 7 days (June 3-9) and 8350 PCR tests per CDPH reporting (June 3-9)

Sources: Case count data from internal REDCap system; testing data from CalREDIE; U.S. Census Bureau, 2014-2018 American Community Survey 5-year Estimates (San Mateo County population of 765,935)

NOTE: State and Federal prison inmate COVID+ cases can be excluded from calculations of case rate in determining qualification for variance. Staff in State and Federal prison facilities are counted in case numbers. Inmates, detainees, and staff in county facilities, such as county jails, must continue to be included in the calculations.

Facility staff of jails and prisons, regardless of whether they are run by local, state or federal government, generally reside in the counties in which they work. So, the incidence of COVID-19 positivity is relevant to the variance determination. In contrast, upon release, inmates of State and Federal prisons generally do not return to the counties in which they are incarcerated, so the incidence of their COVID-19 positivity is not relevant to the variance determination. While inmates in state and federal prisons may be removed from calculation for this specific criteria, working to protect inmates in these facilities from COVID-19 is of the highest priority for the State.

- o Counties using this exception are required to submit case rate details for inmates and the remainder of the community separately.

N/A

- **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, as a separate attachment, copies of the guidance(s).

San Mateo County first provided guidance for employers on protecting essential workers via the San Mateo County Public Health Officer's order of March 16, 2020. In addition to a "Shelter in Place" order for non-essential workers and non-essential non-work trips, this order required that all businesses and offices remaining open must adhere to "social distancing requirements." These requirements included the following:

- 1) Individuals must maintain appropriate social distancing, staying six feet away from each other to the full extent feasible;
- 2) Individuals must wash their hands with soap and water for 20 seconds as frequently as possible, or use hand sanitizer when soap and water are unavailable;
- 3) Individuals must cover coughs and sneezes into their sleeves or elbows;
- 4) Employers must regularly clean high touch surfaces; and
- 5) Individuals must not shake hands.

This guidance has been supplemented with thoroughly detailed instructions for businesses and other employers on how to effectively implement social distancing and protect worker safety (see attached "Appendix A: Social Distancing Protocol". In addition to the above measures set forth in the Health Officer's March 16, 2020 order, the Social Distancing Protocol requires employers to also implement the following measures:

- 1) Post signage at each public entrance of the facility to inform all employees and customers that they should: avoid entering the facility if they have COVID-19 symptoms; maintain a minimum six-foot distance from one another; sneeze and cough into a cloth or tissue or, if not available, into one's elbow; wear face coverings, as appropriate; and not shake hands or engage in any unnecessary physical contact. A copy of the social distancing protocol must also be posted.
- 2) Instruct employees to work from home, if possible.
- 3) Instruct employees to not come to work if sick.
- 4) Conduct symptom checks on employees before entering the workplace.
- 5) Have employees wear face coverings.
- 6) Separate work stations by six feet.
- 7) Frequently disinfect bathrooms, break rooms, and other common areas.
- 8) Make disinfecting supplies, hand sanitizer and soap and water available to employees.
- 9) Take specified measures to prevent crowding or long lines from forming.
- 10) Mark where customers should stand to avoid excessively tight queuing.
- 11) Adhere to specified safety measures when serving or selling food.
- 12) Sanitize items and surfaces that customers touch frequently.

More specific mandates regarding the use of face coverings by employees and members of the public is contained in a separate health order issued May 19th.

There are also specific social distancing/employee safety mandates applicable to small and large construction sites.

Employers in San Mateo County may access information regarding these orders and guidance, as well as any future orders and guidance, at <https://www.smcgov.org/covid-19-business-and-worker-information>.

13) In addition to the above mentioned San Mateo County-specific guidance, all employers must also adhere to relevant statewide orders and guidance for their industry: <https://covid19.ca.gov/industry-guidance/>.

ATTACHMENTS:

2.2.1 Face Coverings Health Order

2.2.1 SMC March 16th Health Order

2.2.1 Social Distancing Protocol for Businesses

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

The Medical Health Operational Area Coordinator (MHOAC), currently operating out of the San Mateo County Emergency Operations Center (EOC), in Redwood City, coordinates an inventory of available medical and health disaster supplies and tracks submitted requests.

The MHOAC provides a software program known as ReddiNet, that facilitates the submission of requests for the medical and health supplies by healthcare facilities. The MOHAC processes requests daily and matches them with available supplies. Non-medical essential workers utilize a similar process through the EOC's Logistics Branch.

The MHOAC and EOC (Logistics and Procurement branches) maintain a list of vendors and they periodically check the status of product available to ensure adequate supply to fulfill requests.

To date, the MHOAC has distributed Personal Protective Equipment (PPE) and other medical supplies and equipment to hospitals, long term care facilities, health clinics, skilled nursing facilities and alternate care facilities.

San Mateo County maintains a robust COVID-19 website at <https://www.smcgov.org/> and the site includes resources for citizens and employers. More specifically, the County provides a Business and Worker resource link at <https://www.smcgov.org/covid-19-business-and-worker-information> and provides information for how to re-open businesses and how to remain safe while operating. Information is available in multiple languages. FAQs on the County website are robust and provide readers with detailed information.

San Mateo County established a 211-call center that provides live operators to speak with callers seeking information and answers to COVID-related questions. This support is available in multiple languages and operators spend an average of approximately nine minutes with each caller.

- **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 capacity to test 1.5 per 1,000 residents, which can be met through a combination of testing of symptomatic individuals and targeted surveillance. Provide the number of tests conducted in the past week. A county must also provide a plan to reach the level of testing that is required to meet the testing capacity levels, if the county has not already reached the required levels.

Response: Testing capacity in San Mateo County exceeds 1,151 tests per day, which is 1.5 tests per 1,000 County residents. During Shelter In Place (SIP), testing volume did not match testing capacity throughout the state and the County because the SIP order prevented mild/moderately ill symptomatic residents, pre-symptomatic and asymptomatic residents from testing. According to the state, using an adjustment factor that includes unreported commercial labs during the week of 5/31 to 6/6, SMC averaged over 7 days, 1456 tests per day. This exceeds the 1151 required tests per day by 26.5%.

San Mateo County has developed a testing plan that expands testing to include mildly symptomatic and asymptomatic residents. The plan encourages aligning testing capacity with the following high-risk populations:

- In April testing began for all symptomatic and asymptomatic adults in Skilled Nursing Facilities and congregate care settings and their caregivers on a routine cadence (standard of every 2 weeks). This initial effort will be bolstered by facilities efforts to conduct their own routine testing, particularly SNFs who must do so per State CPDH directive. Congregate facilities with more limited resources to test on their own will receive assistance from a planned Public Health team that will also collect specimens once hired.
- In May using Verily drive-through testing sites testing began for historically under-served, low-income, and hard-to-reach communities where access to resources are more difficult. The use of Verily has created logistical challenges that have prevented SMC from reaching deeply into underserved communities due to the digital divide.

The County is increasing the testing capacity in its public health lab to align with the massive undertaking of scaling up to test all congregate care sites in San Mateo County, underserved communities and all contacts of cases.

The San Mateo County Public Health Laboratory's estimated testing capacity will be the following before July 1:

Public Health Laboratory and PH Lab Partners' Testing Capacity Goal		
Laboratory Name	Type of Laboratory	Daily Maximum COVID-19 Testing (By July)
San Mateo County Public Health Laboratory	Public Health	Molecular: 550 in 16 hours on Hologic Panther 64 in 8 hours for Cepheid GeneXpert 60 Samples in 8 hours using CDC real-time RT-PCR Total Molecular: 674/day
Viral and Rickettsial Disease Laboratory (VRDL) at CDPH	Public Health (State)	200
University of California at San Francisco	Academic	300
Stanford University	Academic	300
Verily Project Baseline*	State sponsored Drive thru/Walk up sites	250-500
*State directed site; not coordinated by SMCPHL		Total = 1724-1974 per day

Total Testing Capacity:

The highest volume of tests run per day in the 2 weeks (May 27 – June 9) prior to attestation submission has been 1592 (1539 negative; 53 positive) on Friday, June 5, 2020. San Mateo County averaged 1192.9 tests per day over the 7 days prior to this application (June 3-June 9) which exceeds the state requirement.

Source: testing data from CalREDIE
 Current data (updated daily) can be found at: <https://www.smchealth.org/san-mateo-county-covid-19-and-other-health-data>

- o Testing availability for at least 75% of residents, as measured by the presence of 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 and indicate if there are any geographic areas that do not meet the criteria and plans for filling these gaps if they exist. If the county depends on sites in adjacent counties, please list these sites as well.

Response: Below is a link from the California Coronavirus COVID 19 Testing Taskforce website that provides a list of all testing sites in San Mateo County. San Mateo County has strategically been assessing testing sites to ensure that residents living in urban and rural areas have access to testing, 30 and 60 minutes, respectively.

<https://www.arcgis.com/apps/Nearby/index.htmlappid=43118dc0d5d348d8ab20a81967a15401>

The San Mateo Public Health Laboratory is currently sending samples collected from Skilled Nursing Facilities (SNFs) to the University of California at San Francisco Clinical Laboratory for testing. The Public Health laboratory will be taking over most of the skilled nursing facility testing in the near future.

- Please provide a COVID-19 Surveillance plan, or a summary of your proposed plan, which should include at least how many tests will be done, at what frequency and how it will be reported to the state, as well as a timeline for rolling out the plan. The surveillance plan will provide the ability for the county to understand the movement of the virus that causes COVID19 in the community through testing. [CDPH has a community sentinel surveillance system that is being implemented in several counties. Counties are welcome to use this protocol and contact covCommunitySurveillance@cdph.ca.gov for any guidance in setting up such systems in their county.]

Response: San Mateo County Office of Epidemiology and Evaluation (OOE) plans to implement community sentinel surveillance system sites by contracting with Boston Children's Hospital and reaching out to CDPH for guidance on suggested facilities to onboard locally. Further, OOE aims to increase the number of providers in our jurisdiction reporting ILI and COVID-like illness across age categories. The Health Officer and OOE will be further developing this approach.

We have several objectives we would like to accomplish; the first objective is to onboard our ambulatory clinic sites onto the National Syndromic Surveillance platform. Capturing these data will compliment an existing robust emergency department data set that allows us to conduct near-real-time analysis. The second objective will be to identify additional providers willing to submit specimens for influenza and COVID-19 to our Public Health Lab throughout the year to provide OOE with more information on transmission within the community. We will attempt to recruit providers in a geographically representative way. Last, we are interested in further exploring waste water surveillance as a way of monitoring COVID-19 throughout the year across the County and across SNFs and congregate care sites.

- **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:
 - Enough contact tracing. There should be at least 15 staff per 100,000 county population trained and available for contact tracing. Please describe the county's contact tracing plan, including workforce capacity, and why it is sufficient to meet anticipated surge. Indicate which data management platform you will be using for contact tracing (reminder that the State has in place a platform that can be used free-of-charge by any county).

San Mateo County Public Health Policy & Planning has implemented a COVID-19 case investigation and contact tracing program that leverages a team approach and follows state and federal guidelines for case investigation, contact tracing, and supporting individuals with suspected or confirmed infection and their contacts. Some on our current tracing team attended the state training online. We will continue to enroll other staff as needed.

San Mateo County Public Health Policy & Planning has already expanded from a baseline workforce of 8.0 FTEs originally doing case investigation and contact tracing to 30 FTEs that have been reassigned across a variety of disease control programs. As a result, most of the redirected staff routinely perform case investigation and contact tracing in other public health programs.

Our workforce capacity was derived from the Association of State and Territorial Health Officials (ASTHO) and State benchmarks. Our goal is to have at least 15 contact tracers per 100,000 residents. For San Mateo's 2019 estimated population of 767,000 (U.S. Census), we plan to identify capacity to scale up to a total of 115 FTE to meet the State standard.

We estimate that our existing 30 can already handle at least 60 new positive cases per day. If we add an additional 85 contact tracing Disaster Service Worker positions to meet the State standard of 115 FTEs the expanded workforce could handle up to 230 new positive cases per day. We will be using a phased-in approach first reaching across other Health Divisions and County Departments to identify another 45 FTEs to achieve 75 FTE by July for coverage of 150 new positive cases per day. We can then surge additional recruiting across County Departments during phase two adding an additional 40 positions as needed until we eventually reach 115 FTEs that will allow the team to investigate up to 230 new positive cases per day.

We are using the ASTHO contact tracing training necessary to provide a baseline understanding of contact tracing followed by an online training developed in-house. We also provide online training on use of our case management solution REDCap.

Case Investigation and Contact Tracing:

Under the guidance of a Supervisor or Senior Communicable Disease Investigator, Communicable Disease Investigators (CDI) and Contact Tracers (CT) will reach out to every new COVID-19 positive case to conduct an in-depth interview using established call scripts and protocols. CDIs will provide exposure notifications to contacts, screen for symptoms, provide guidance about quarantine, monitor for symptoms and adherence during the quarantine period, and refer for testing as needed. CDIs/CTs will refer cases and contacts to resources for wrap-around services such as housing, transportation, and food as needed. CDIs will release cases from isolation when appropriate. CDIs/CTs will enter data into various information systems including but not limited to REDCap and Qualtrics. CDIs/CTs will routinely handle sensitive protected health information. CDIs will access interpretation services as needed to assure effective communication with our linguistically diverse population.

Isolation and Quarantine:

Cases are isolated and contacts are quarantined as currently instructed by local health officer orders issued on May 14th (see attached). Our communicable disease control team will work with cases and contacts to isolate or quarantine safely in their

normal residence when possible per current guidelines. If appropriate isolation or quarantine is not possible in the normal residence, then cases and/or contacts may be offered a hotel room or similar setting at an alternative housing/care site to support appropriate isolation and quarantine. Residents in SNFs who test positive for COVID-19 requiring medical or skilled nursing care may be transferred to a hospital holding unit or COVID-19 Center of Excellence.

Support for CDIs/CTs:

Senior Communicable Disease Investigators (Sr CDIs) will lead teams of Communicable Disease Investigators and Contact Tracers. Sr. CDIs will assign and review work, provide consultation and coaching, and escalate issues for additional support as needed. A Public Health Nurse (PHN) will be available for clinical consultation as needed.

Data Management:

COVID-19 positive laboratory results are captured by the California Reportable Disease Exchange (CalREDIE). In addition to CalREDIE our local contact tracing team will use a combination of REDCap (as case management system) and Qualtrics (as contact tracing/contact system) to monitor contacts of cases during the isolation period. We plan to use REDCap, R, Stata, SAS, Power BI, and Qualtrics to visualize and share data with administration.

New Staff:

We plan to assign a total of 85 contact tracers and 29 new public health management/infrastructure staff during the month of June continuing through August 2020. Management/Supervisor positions that will be hired during June/July include 1 Clinical Services Manager, 1 Program Services Manager, 1 Health Services Manager I and 1 Community Program Supervisor. Additional support positions that will be hired throughout June and July are 6 Senior Communicable Disease Investigators (3 permanent; 3 term), 2 Epidemiologists, 8 Registered Nurses, 8 Community Health Worker II and 1 Community Program Specialist. Contact tracers will be assigned in phases with the first phase of 45 being assigned during June/July followed by the second phase of 40 during July continuing through August.

ATTACHMENTS:

2.4.1 Home Quarantine Health Order

- 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 separate bathroom, or a process in place that provides the ability to sanitize a shared bathroom between uses), for the duration of the necessary isolation or quarantine period. Rooms acquired as part of Project Roomkey should be utilized.

San Mateo County currently meets the state threshold for availability of temporary housing units to shelter at least 15% of residents experiencing homelessness in case an outbreak among this population occurs.

San Mateo County, working in collaboration with our homeless services providers, is implementing strategies to prevent and mitigate the spread of COVID-19 among unsheltered homeless residents. Social distancing has been implemented in all our shelters and the medically vulnerable have been moved to non-congregate sites. Additional funds for cleaning and sanitizing have been given to all shelter providers. Our Street Medicine teams are working closely with residents who are unsheltered to track their health status and ensure they get tested if they have COVID-19 symptoms and that they receive appropriate care for any medical issue.

The 2019 Point in Time count identified 1,512 homeless residents in San Mateo County:

- a. 611 were identified as sheltered
- b. 901 were identified as unsheltered. Of those who were unsheltered, 494 of them were living in RVs, 66 in encampments, 184 in cars, and 157 on the street.
- c. Shelter capacity for an additional 15% of the 1,512 people experiencing homelessness would be an additional 227 shelter beds.

During the COVID-19 response, the County and community partners have added additional shelter capacity with access to separate bathrooms, to include non-congregate shelter and isolation capacity:

- a. New hotel-based non-congregate shelters, acquired as part of Project Roomkey, currently has a capacity of 177 rooms. This capacity could be increased quickly, if the need increases.
- b. In addition to the non-congregate shelters, the County has partnered with California Medical Assessment Team (CAL-MAT), AML, AMR, and the National Guard/CalGuard to open an Alternative Care Site that can accommodate up to 147 individuals who need to isolate/quarantine but cannot isolate/quarantine at home or do not have a home to isolate/quarantine in.
- c. With this capacity and the ability to quickly add additional non-congregate shelter beds, the total number of new beds is 324. Therefore, the 15% state requirement is met.

- **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:
 - County (or regional) hospital capacity to accommodate COVID-19 positive patients at a volume of at a minimum surge of 35% of their baseline average daily census across all acute care hospitals in a county. This can be accomplished either through adding additional bed capacity or decreasing hospital census by reducing bed demand from non-COVID-19 related hospitalizations (i.e., cancelling elective surgeries). Please describe how this surge would be accomplished, including surge census by hospital, addressing both physical and workforce capacity.

In the early stages of the COVID-19 response Health engaged our partner Hospital Consortium (members include San Mateo Medical Center, Kaiser South San Francisco and Redwood City, Seton, Sutter Mills-Peninsula and Dignity Sequoia Health) and surveyed each member regarding their potential to surge and barriers to surge. We also engaged with Stanford, a major hospital provider just outside the County border that plays a substantial role. Each of the hospitals has a surge plan and they have had the opportunity to exercise it in the recent months.

The conversations with the Consortium and member hospitals led to the development of various resources described later in this document to support the hospitals in the event of surge. The survey information regarding their potential to surge also informed our Modeling COVID-19 Hospital Capacity (attached) that led us to conclude that we have adequate hospital capacity to accommodate most potential surges and in the event we do not, we would have the ability working with the Hospital Consortium members to reinstate the measures including cancelling elective procedures that would be necessary to create more capacity if needed in order to accommodate a minimum of a 35% surge on top of the average daily census of all the hospitals. In fact, our own modeling signaled that such a surge might not occur until later this summer. Health monitors San Mateo County hospital capacity using the daily ReddiNet polling information we receive from hospitals each day including ICU and med-surge bed capacity (example attached for April 27-June 9) as well as the California Department of Public Health data <https://www.smchealth.org/san-mateo-county-covid-19-and-other-health-data>. You will find the ReddiNet report for April 27 through June 9 a good example, with variable admissions and hospitalizations across that time period but substantial hospital capacity remaining each day, even without triggering surge expansions.

The baseline average COVID-positive daily census for the previous 7 days (June 2-June 9) was 37 patients. A 35% surge would be a total of 50 COVID-positive patients in San Mateo County hospitals. Using historical 14-day averages of ICU and medical/surgical bed use by COVID-positive patients, we estimate that 11 of the patients would require ICU-level care and 39 patients would require medical/surgical-level care.

While the number of COVID-19 admissions to hospitals has fluctuated in excess of the State benchmark of 5%, hospital surge capacity remains strong and capable of increasing by at least the State required 35%. In the forty-four days between April 28 and June 10, there were just three days when COVID-19 admissions to hospitals exceeded the State target of 20. On those days 25, 22, and 22 patients were admitted. Similarly, the total census of COVID-19 patients in hospitals during that period ranged significantly from 82 to 33. We are close to meeting the State target of no more than 20 admissions per day; more importantly, hospital capacity is strong to surge as needed to meet patient needs. Our hospitals have reported that, beyond usual capacity, they are able to surge an additional 88 ICU beds and 108 medical/surgical beds within 24-hours.

Source: ReddiNet polling of San Mateo County hospitals

ATTACHMENTS:

2.5.1 Hospital Capacity Sample Report

- o 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.

Local hospitals have responded to COVID-19 with robust measures to protect their workers including screening of employees and patients, testing, cohorting and converting spaces to facilitate appropriate flow of COVID positive patients, and limiting access to visitors. PPE has been a major focus and concern given nationwide shortages. Each hospital determines the type of PPE their clinical and nonclinical personnel need to wear depending on risk using CDC and CDPH guidelines. All the hospitals have established relationships with PPE suppliers and turn to the EMS MHOAC if needed. The burn rate thermometers are used to anticipate requirements. The hospitals work closely with the EMS MHOAC to monitor the days on hand of PPE through the ReddiNet daily polling and to request assistance when there are anticipated to be shortages. A report of PPE requests made and fulfilled between March-May has been attached. This confirms that there continue to be challenges with N95 masks and at times, gowns, which have been supplied by the MHOAC. The EMS MHOAC works closely with the State to obtain supplies and San Mateo County has also purchased substantial supplies to assist the local effort.

ATTACHMENTS:

2.5.2 Hospital PPE Requests

- **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 ongoing work with Skilled Nursing Facilities within their jurisdiction and describe their plans to work closely with facilities to prevent and mitigate outbreaks and ensure access to PPE:
 - o Describe your plan to prevent and mitigate COVID-19 infections in skilled nursing facilities through regular consultation with CDPH district offices and with leadership from each facility on the following: targeted testing and patient cohorting plans; infection control precautions; access to PPE; staffing shortage contingency plans; and facility communication plans. This plan shall describe how the county will (1) engage with each skilled nursing facility on a weekly basis, (2) share best practices, and (3) address urgent matters at skilled nursing facilities in its boundaries.

The Communicable Disease (CD) Control Program regularly works alongside long-term care facilities to prevent and control infections and outbreaks of communicable diseases including COVID-19. Our CD team has developed a checklist of COVID-19 prevention and control measures that is shared with congregate settings as needed along with other CDPH and CDC resources. Topics covered included but are not limited to cohorting of staff and residents, targeted testing, and infection control measures. These resources are supplemented by phone and email support. Site visits are performed on an as needed basis.

We have developed and disseminated a COVID-19 mass testing plans for SNFs in alignment with CDPH AFLs to encourage routine surveillance testing and are finalizing similar recommendations for other congregate settings. We continue to collaborate with the CDPH Healthcare Associated Infections Program and Licensing &

Certification as needed, Further, CD continues to encourage SNFs to participate in the weekly CDPH SNF calls. We have also connected congregate settings to live and recorded webinar opportunities offered through Stanford School of Medicine and continue to share other webinars, conference calls, and resources offered through CDPH and CDC.

- o 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 must track PPE availability across SNFs.

All the SNFs in San Mateo County met the State deadline requirement for submission of their plans for preventing COVID-19 spread in their facilities, which included confirmation of their ability to obtain PPE as indicated for their operations. The 17 SNFs in San Mateo County participate in daily polling administered by SMC Health-EMS through the ReddiNet electronic system. This assessment includes the question: Does the facility have enough PPE to last 2 weeks? The San Mateo County MHOAC also reviews daily reports provided by the California Department of Public Health (CDPH). This allows Health to see if they are experiencing shortages. The SNFs know how to request PPE through the Health-EMS MHOAC when there are shortages. Please see attachments for SNF Roster and the most current information regarding the PPE on hand at local SNFs. Per the most recent ReddiNet polling (Column M), all respondent SNFs had a 2-week supply on hand.

ATTACHMENTS:

2.6.2 SNF 14 Day PPE Supply
2.6.2 SNF Roster

- **Sectors and timelines.** Please provide details on the county's plan to move through Stage 2. These details 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. Any sector that is reflective of Stage 3 should not be included in this variance because it is not allowed until the State proceeds into Stage 3. For additional details on sectors and spaces included in Stage 2, please see <https://covid19.ca.gov/industry-guidance/> for sectors open statewide and <https://covid19.ca.gov/roadmap-counties/> for sectors available to counties with a variance.

Following successful attestation, the San Mateo County proposal is to align entirely with the State's reopening plan, including sector and space specific timelines, and sector-specific guidance. All operations permitted with a variance under State guidelines will be permitted to resume operations contingent upon operating under State guidelines. There will continue to be local Health Officer orders that address the core behaviors needed to prevent the spread of the virus. These include orders requiring the use of face coverings, social distancing protocols, quarantine and isolation when necessary, and certain guidance related to congregate living settings.

- **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, or a summary of your plan, for how the county will inform the state of emerging concerns and how it will implement early containment measures.

Given the cross-jurisdictional movement of San Mateo County residents, San Mateo County is currently engaged in collaborations with other Bay Area counties to identify and standardize metrics that will be compared at a regional level. San Mateo County is actively monitoring:

- Average number of tests per day, 7-day average
- Hospitalized COVID-positive patients, 3-day and 7-day averages
- Case rate per 100,000 residents
- Outbreaks in SNFs and other LTCFs, including numbers of ill residents and staff
- Deaths of residents with COVID-19 listed as a cause of death, including review of demographic information, geographic distribution, and co-morbidities
- Monitoring for cases and clusters in congregate settings (jail, homeless population, etc.) and community settings (schools, churches, etc.)
- Identifying disproportionate case rates in vulnerable populations (age groups, race/ethnicity, historically-underserved populations, geographic areas)
- Geographic analyses of case rates, by demographic, socio-economic status, and other indicators
- Modelling hospitalization data trends in order to forecast and prepare for a surge in hospitalized cases

Sources: testing data from CalREDIE; ReddiNet polling of San Mateo County hospitals; case count data from internal REDCap system; congregate setting facility reporting to San Mateo County Communicable Disease Control; U.S Census Bureau, 2014-2018 American Community Survey 5-year Estimates by census tract

- **COVID-19 Containment Plan**

Please provide your county COVID-19 containment plan or describe your strategy to create a COVID-19 containment plan with a timeline.

San Mateo County will develop a COVID-19 containment plan that will be developed in collaboration with local stakeholders including but not limited to hospitals, health care system, health plan and the Board of Supervisors.

The plan will be drafted from existing plans and will summarize key containment issues including but not limited to the following: containment issues:

- Testing volume, capacity and strategy
- Congregate care facility containment
- Contact tracing
- Essential workers
- Acute care surge
- Vulnerable communities

Our goal is to develop a draft plan by 7/3/2020.

While not exhaustive, the following areas and questions are important to address in any containment plan and may be used for guidance in the plan's development. This containment plan should be developed by the local 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. Under each of the areas below, please indicate how your plan addresses the relevant area. If your plan has not yet been developed or does not include details on the areas below, please describe how you will develop that plan and your timeline for completing it.

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 <8% 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?

Testing: San Mateo County averaged 1192.9 tests per day over the 7 days (June 3- June 9) prior to this application, which is 1.55 tests per 1,000 residents and meets the State's benchmark. San Mateo County is advertising the availability of testing locations to the public, as well as working with testing sites to expand to additional locations to increase accessibility. A plan for augmenting testing has been developed and is being vetted by key internal stakeholders.

Positivity Trend: San Mateo County meets the State's benchmark for positivity. The average percentage of positive tests over the past 7 days (June 3-June 9) is 3.1% and is stable or declining (the average percentage of positive tests over the previous 7 days (May 27-June 2) was 4.1%.

Specimen Collection: San Mateo County's plans to augment testing capacity prioritize specimen collection necessary to support case and contact investigation that can address testing needs for any close contact. The County has supported robust specimen collection in skilled nursing facility and other congregate living locations and

will continue to serve as a backstop for facilities as they increase their own capacity. The County will also continue to partner with the major ambulatory safety net clinics serving the low-income population as well as other health care providers.

Lab Partnerships: The San Mateo County Public Health Lab will continue to partner with academic and other labs to meet the needs of the most vulnerable residents. The University of California San Francisco and Stanford University have been strong partners to the County Public Health Lab and the County will continue to collaborate and coordinate with the labs serving our region.

Community Surveillance: San Mateo County Office of Epidemiology and Evaluation (OOE) plans to implement community sentinel surveillance system sites by contracting with Boston Children's Hospital and reaching out to CDPH for guidance on suggested facilities to onboard locally. Further, OOE will make efforts to increase the number of providers in our jurisdiction reporting ILI and COVID-like illness across age categories. We have several objectives we will attempt to accomplish: the first objective is to onboard our ambulatory clinic sites onto the National Syndromic Surveillance platform. Capturing these data will complement an existing robust emergency department data set that allows us to conduct near-real-time analysis. The second objective will be to identify additional providers willing to submit specimens for influenza and COVID-19 to our Public Health Lab throughout the year to provide OOE with more information on transmission within the community. We will attempt to recruit providers in a geographically representative way. Last, we are interested in exploring waste water surveillance as a way of monitoring COVID-19 throughout the year across the County and across SNF and congregate care sites.

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?

San Mateo County Public Health Policy & Planning has already expanded from a baseline workforce of 8.0 FTEs originally doing case investigation and contact tracing to 30 FTEs that have been reassigned across a variety of disease control programs.

We estimate that our existing 30 can handle at least 60 new positive cases per day. If we add an additional 85 contact tracing Disaster Service Worker positions to meet the State standard of 115 FTEs the expanded workforce could handle up to 230 new positive cases per day. We will be using a phased-in approach first reaching across other Health Divisions and County Departments to identify another 45 FTEs to achieve 75 FTE by July for coverage of 150 new positive cases per day. We can then surge additional recruiting across County Departments during phase two adding an additional 40 positions as needed until we eventually reach 115 FTEs that will allow the team to investigate up to 230 new positive cases per day.

County Health's case and contact investigation team approximates our community's racial, ethnic and linguistic diversity. Most staff are bilingual and bicultural with several having lived experience in communities that may not experience trust in government. As we have worked with our County Human Resources team to expand the case and contact investigation workforce, we have included cultural competency appropriate to the local community and expertise in a second language as key criteria as documented in the attached job description.

The County Health team performing case and contact investigation assesses individuals' ability to safely isolate. The option of alternative housing/care sites at no cost is our most powerful tool and options for such housing and care have been developed by the County Emergency Operations Center as described in other parts of this document. Additionally, staff performing case and contact investigation aim to make referrals whenever possible to help support access to food, medications, other necessities, labor protections, legal aid, etc. depending on the challenges that arise in specific situations.

The County has established a pathway for any resident who is not able to safely isolate at home to receive support from our Emergency Operations Center Housing and Shelter Branch. Health Officer Orders for safe isolation and quarantine guide individuals in such circumstances as follows: a) isolation: "For purposes of this Order, a Person with COVID-19 who, at any time during their applicable Period of Isolation as set forth in Section 6, does not have access to a home or residence for the purpose of isolation shall not be deemed in violation of this Order if, upon notification of a positive COVID-19 test, such person promptly contacts the San Mateo County Emergency Operations Center Shelter & Care Branch by dialing 211 at any time, day or night, to inform of their COVID-19 status and request an isolation location, cooperates fully with EOC staff, and is otherwise compliant with this Order." b) quarantine: "For purposes of this Order, a Person with COVID-19 who does not have access to a home or residence for the purpose of quarantine shall not be deemed in violation of this Order if, upon notification of the requirement to quarantine pursuant to this Order, such person promptly contacts the San Mateo County Emergency Operations Center Shelter & Care Branch by dialing 211 at any time, day or night, to inform of their Close Contact status and request a quarantine location, cooperates fully with EOC staff, and is otherwise compliant with this Order." The Emergency Operations Center Shelter and Care branch has arranged housing options to support those who cannot safely self-isolate or quarantine.

ATTACHMENTS:

2.9.3 Contact Tracer Draft Job Description

Living and Working in Congregate Settings

- 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?
- Is there a plan to track and notify local public health of COVID-19 case rate within local correctional facilities, and to notify any receiving facilities upon the transfer of individuals?
- Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals?

Congregate Care Facilities

Skilled Nursing Facilities: 14 facilities, 1,242 beds

Distinct Part SNF: 3 facilities, 461 beds

Adult Residential: 103 facilities, 631 beds

Residential Care Facility For the Elderly (RCFE): 246 facilities, 4,554 beds

Adult Residential with Special Needs: 9 facilities, 37 beds

The congregate care facilities have been a primary focus of the local response as 20% of the positive cases (483 out of 2475 as of June 10) have been associated with these facilities and 63% of the deaths (59 out of 93). Health monitors and publishes this information daily: <https://www.smchealth.org/san-mateo-county-covid-19-and-other-health-data>

County Health established a Disaster Health Coalition several years ago that many of the congregate care facilities chose to join in order to share information and receive training for disaster preparedness. This became a foundation to expand information dissemination and training related to the COVID-19 response. The facilities range in size from small 6 bed RCFE to large skilled nursing facilities. Health has partnered with the Health Plan of San Mateo to provide education and support to the facilities and to create three SNF Centers of Excellence to create capacity for COVID-19 patients. Attached is the Health Officer/Public Health Mass Testing Strategy for SMC SNFs that describes the protocol for compliance and collaboration. A similar protocol is planned for other licensed congregate care facilities.

<https://www.smchealth.org/san-mateo-county-covid-19-and-other-health-data>

- Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals? Yes
- Do facilities have the ability to safely quarantine individuals who have been exposed? Yes
- Is there sufficient testing capacity to conduct a thorough outbreak investigation at each of these facilities? There is a substantial public health response to the congregate care facilities that has resulted in testing more than 3,000 patients. The SNFs are shifting to more routine testing in compliance with the plans they submitted to the State California Department of Public Health in early June. The other congregate care facilities are not yet testing routinely on their own but are expected to do so in the near future with some support from Health.
- Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs? Yes, recent polling shows they have at least 14 days' worth of PPE supplies.
- Do facilities have policies and protocols to appropriately train the workforce in infection prevention and control procedures? Yes
- Does the workforce have access to locations to safely isolate? The County protocol requires anyone who cannot safely isolate to call the 211 to be connected to someone who will help link them to a resource for safe isolation. The County EOC has mobilized hotel beds for essential workers who cannot safely isolate.
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur? The SNFs and larger RCFEs do have access to staffing agencies if and when staff shortages related to COVID-19 occur.

Correctional Facilities

Maguire Correctional Facility: 950 cells

Maple Street Correctional Center: 1,134 cells

- In the adult facilities there is a housing continuum for COVID-19 positive cases that go into isolation and any Person Under Investigation will be placed in quarantine in addition to cohort convalescent housing. There have been very few cases in the jails.
- There is sufficient testing capacity and there is universal testing in the intake pod at incarceration, as well as additional testing 14 days later after quarantine before moving out of the intake pod to other housing.
- Challenged by confined space, all professional staff, custody staff, and inmates are required to wear masks. There are temperature and symptom checks for all staff coming into the facilities. There are temperature checks and symptom checks for any inmate movement in the facilities. There are designated staff locations that allow for some distancing and all staff are required to wear masks.

Youth Services Center: 180 spaces

The Jail C-19 Management Plan by CHS and Contact Tracing Procedure are attached.

Homeless Shelters

Homeless Shelters	Staff	Residents
Maple Street (LifeMoves)	25	120
Safe Harbor (Samaritan House)	15	42
Project WeHope	15	20
Spring Street: includes ES and TH* (Mental Health Association)	7	22
Daybreak (StarVista)	10	7
CORA (both TH and ES)	10	61
First Step (families) – LifeMoves	20	120
Redwood (families) – LifeMoves	10	27
Crossroads (families) – LifeMoves	10	49
Haven House (families) - LifeMoves	11	65
Home and Hope (families)	3	20

- Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals? Homeless shelters do not have isolation space, and if there were a client that is COVID-19 positive, they would be referred to ACS/Burlingame.
- Do facilities have the ability to safely quarantine individuals who have been exposed? Yes, at adult shelters.

ATTACHMENTS:

- 2.9.4 Contact Tracing Procedure for CHS
- 2.9.4 COVID 19 Management Plan 6-3-20
- 2.9.4 Exposure Line List
- 2.9.4 Mass Testing Strategy for SNFs

Protecting the Vulnerable

- Do resources and interventions intentionally address inequities within these populations being prioritized (i.e. deployment of PPE, testing, etc.)?
- Are older Californians, people with disabilities, and people with underlying health conditions at greater risk of serious illness, who are living in their own homes, supported so they can continue appropriate physical distancing and maintain wellbeing (i.e. food supports, telehealth, social connections, in home services, etc.)?

- Do resources and interventions intentionally address inequities within these populations being prioritized (i.e. deployment of PPE, testing, etc.)?

San Mateo County's engagement with residents has relied on trusted partners, networks and coalitions with strong connections to the most marginalized populations and communities. We recognize that the populations that have shouldered inequitable health burdens that relate to key social determinants of health such as housing, income and wealth are intersecting with the conditions that leave some populations more vulnerable to exposure to COVID-19. County Health, through work to prioritize the communities that have had the highest proportions of young people in the most intensive systems continues to learn about the aspects of COVID-19 risk that are most challenging for low-income residents, people of color, undocumented residents and other populations that have been marginalized or face stigma and discrimination in accessing resources and supports. We attach here a synthesis of key themes (last updated May 21, 2020) that is informing our longer-range recovery planning. We will continue to refine and update this document as we continue to engage with communities across the County.

A virtual town hall conducted May 1, 2020 included participation from each of Health Equity Initiatives (HEIs) that our County Health Behavioral Health and Recovery Services Office of Diversity and Equity supports to share County efforts underway to address equity issues with COVID-19 and to hear communities' voices about the impact of COVID-19 in their lives and to hear what participants feel would be most helpful at this time. The attached FAQ synthesizes key questions/needs we heard and issues we continue to work on as part of assuring a focus on the most vulnerable. The collaborators are listed in another attachment.

The County Office of Community Affairs has also been deeply engaged with marginalized communities through trusted partners enlisted to maximize the reach of the Census among hard-to-count communities.

County Health in collaboration with other Bay Area counties, and with the support of the Chan Zuckerberg Initiative, Sequoia Health Care District and CDC Foundation has also enlisted youth to design a campaign targeting young people, who have been uniquely affected by COVID-19, the necessity of school closures, and major disruptions to their lives, learning and social connections to launch a Bay Area Regional COVID-19 youth outreach social media campaign—Crushing the Curve. This campaign can be accessed at these links www.crushingthecurve.me and www.crushingcurve.com. The site includes a robust set of resources available to young people in their community. The initial effort has been a partnership of San Mateo County, San Francisco and Alameda Counties, leveraging our work with Social Change related to our cannabis education campaign [CANNABIS] DECODED <https://www.cannabisdecoded.org/cannabis-decoded>. Through the COVID-19

focused campaign, we will provide our youth with the resources to be resilient and continue to thrive during these uncertain times.

Based on input from youth, below are the images that will be used in the social media campaign.



Chan Zuckerberg has funded an expansion of the campaign to allow us to make these resources available throughout the seven Bay Area jurisdictions (Alameda, Contra Costa, Marin, San Francisco, San Mateo, and Santa Clara counties as well as the City of Berkeley) in partnership with staff of those counties. CDC Foundation is considering additional funding needed for that expansion. We will also be engaging youth across the region in the development of an expanded outreach effort that will evolve as the response to COVID-19 evolves in the next year.

San Mateo County (SMC) worked hard to accommodate testing for our vulnerable populations through the State run Verily Project Baseline testing program. We started with one testing location in San Mateo and have now gone to Daly City, East Palo Alto, Half Moon Bay, and North Fair Oaks. The criteria for rotating testing to these communities is that the location doesn't have easy to access testing, residents don't feel safe leaving their community for testing, and want to be tested by trusted providers in the community. The week we started rotating the site using this approach, our daily test results popped up, routinely exceeding the state's benchmark for San Mateo County.

SMC worked with cities and community-based organizations (CBOs) to set up the testing sites and assisted residents that struggled with the Verily Project Baseline system. We had staff and volunteers on site to help register participants to be tested without an appointment. We also have community volunteers helping with translation, so test participants feel safe and comfortable. We also worked to accommodate residents without vehicles by testing those came on foot or by bike.

We are also experimenting with testing models that serve residents without access to the internet or technology that allows them to sign up for the Project Baseline testing option. SMC worked closely with Puente, a trusted CBO in Pescadero, to test almost 100 residents on a Saturday with an entirely County team. SMC will be running another experiment to test farmworkers and their adult family members this Saturday at a time that works for the farmworkers and will include volunteer Stanford Health Care providers. Both experiments could not have happened without the partnership with trusted CBOs to register residents to be tested. The registration process is manual and low tech so that we can meet the population where they are. The target number of farmworkers to be tested for this experiment is around 300.

Since the pandemic started, the County has also stepped up support to our many non-profit partners who assist our vulnerable residents. The County, in collaboration with the Silicon Valley Community Foundation, has distributed just under \$2 million to local non-profit agencies in the last six weeks. Grants to all our homeless shelter providers have helped establish social distancing and other COVID protocols in our shelters. The eight Core Services agencies have also received grants to fund social distancing protocols and technology for tele-meetings with clients. These agencies, which are located in the communities of most need throughout the County, have been given masks and hand sanitizer to distribute to their clients. Through a recently completed competitive grant program, \$903,000 in \$20,000 grants has been distributed to 53 non-profit organizations that assist our most vulnerable residents with the majority of the grants going to agencies that provide mental health support and food and social services assistance.

- Are older Californians, people with disabilities, and people with underlying health conditions at greater risk of serious illness, who are living in their own homes, supported so they can continue appropriate physical distancing and maintain wellbeing (i.e. food supports, telehealth, social connections, in home services, etc.)?

Health's Aging and Adult Services Division (AAS) is working collaboratively with Community Based Organization (CBO) partners to ensure that the needs of our older adults, people with disabilities and people with underlying health conditions are met. The County, through AAS, is advised by two commissions: Commission on Aging and Commission on Disabilities.

The supports that we have in place for this vulnerable population are:

Strategies to address food insecurity: We have engaged with the Great Plates Delivered program to provide 3 hot meals a day/ 6 days a week for eligible participants age 60 and over. We are currently serving over 1350 participants. Local non-profits have expanded their services to include Grab and Go meals and have also expanded their Home Delivered Meals program serving 31,000 meals per month. Some non-profits have expanded their brown bag program to include delivery of groceries. Grocery stores have implemented "senior only" shopping hours. Usually the first hour of business on one or more days/week.

Social connections: Sheltering in Place has drastically increased the need to connect with our older adults. The Health Plan of San Mateo has engaged volunteers to assist in making phone calls to all of their older adult members. Community Based Organizations have shifted work to focus on phone calls to outreach, connect and support those at home. Community Based Organizations are making approximately 1400 calls per week to clients and family caregivers. Adult Day Care providers have expanded virtual support including on-line exercise programs and home delivery of activity kits.

Telehealth: Our county has expanded the opportunity for tele-health by obtaining over 1,000 licenses for Doxy.me, a telemedicine solution for patients.

In-Home Services: We have 6000 In-Home Supportive Services (IHSS) recipients and 6000 providers. Our staff makes approximately 450 calls/week to IHSS clients. We are also providing caregivers with Personal Protective Equipment. We have launched an emergency back-up registry for In-Home Supportive Services Public Authority (IHSSPA) with the goal of this program to dispatch a back-up provider to IHSS recipients whose

current in-home provider is unable to provide care due to COVID-19. Our Adult Protective Services program continues to provide protective services to help keep this population safe at home.

Resources: We have numerous resources available online and by phone. The county's online resources are tailored to ensure that the older adults are able to access information easily and are linked to public safety net programs in the county. Resources are also compiled on the Network of Care site.

Our county has redirected 2-1-1 for the public to get the most up-to-date information on resources during this COVID-19 crisis. Aging and Adult Services' 24-hour Hotline is also available to take calls and to connect the public to resources. We have social workers and on-call staff working nights and weekends to inform and assist.

ATTACHMENTS:

2.9.5 COVID19 Community Priorities - Impacted Communities

2.9.5 Town Hall Collaborators

2.9.5 Vulnerable Populations Community Town Hall FAQ

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?

Acute Care Surge

Health continues to work closely with the Hospital Consortium member hospitals to monitor and plan for potential surge. Health mobilized a number of resources in coordination with the hospitals in order to plan for potential surge. These include development of an alternate care site with medical support at a repurposed hotel, development of a field hospital, provision of surge tents and other supplies, assistance with PPE shortages, and modeling using the PENN CHIME and Stanford Surf models for potential surge (see attached model). Health worked closely with the Hospital Consortium member hospitals to develop the pathways for use of the resources to avoid use of hospital resources when appropriate and discharge promptly. These discharge planning protocols are attached.

Daily tracking of hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity:

We are tracking hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing and surge capacity through daily hospital polling in ReddiNet (see sample report attached) as well as the California Department of Public Health COVID Tracking

Tool <https://www.smchealth.org/san-mateo-county-covid-19-and-other-health-data>

Hospitals PPE supply chains:

All of the hospitals in San Mateo County have their own supply chains for PPE and turn to the MHOAC only when their own supply chains are not meeting the need. The State is aware of the specific shortages that continue to recur and have been requested through the mutual aid process such as N95 masks. The County

has attempted to obtain substantial supplies of PPE for local use and has been successful except for N95 masks.

Hospital testing of patients prior to admission to the hospital:

Hospitals are prioritizing testing for patients requiring surgery or treatment for which testing would guide specific components of clinical decision-making. Hospitals continue to prioritize testing to manage with constrained supplies of test kits and swabs, and as they continue to mobilize more robust testing capacity.

Hospitals plans for tracking and addressing occupational exposure:

Hospitals prioritize the safety of their staff with robust occupational health programs that address occupational exposure.

ATTACHMENTS:

2.9.6 Acute Care Surge Model

2.9.6 Care and Housing Sites

2.9.6 Hospital Capacity Sample Report

2.9.6 Hospital Discharge Planning Workflow

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?

In aligning with the State, the County will make available all guidance documents provided by CDPH to our essential workplaces ensure employees and customers are safe in accordance with state/county guidance for modification.

These documents are available at:

<https://www.cdph.ca.gov/programs/CID/DCDC/Pages/Guidance.aspx>

While the County and State have provided significant guidance to employers of essential workers, employers must take responsibility for securing sanitation supplies and also arranging for testing of any sick employees. The County will provide guidance when requested and assistance whenever possible. But, employers need to take a role in both supply provision and testing.

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?

No, there are no special industries in San Mateo County that deserve special consideration at this time.

San Mateo County has a significant number of technology companies with a high percent of staff who can telework. Those companies include Facebook, Oracle, Box, Survey Monkey and others. In addition, the County, which is one of the larger employers, has established teleworking during shelter in place for many staff, who will probably continue teleworking after our offices reopen.

Community Engagement

- Has the county engaged 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?

San Mateo County has been closely engaged with our 20 cities since the start of the pandemic. The County Manager has held tri-weekly calls, recently reduced to bi-weekly, open to all local elected officials and City Executive staff. Key members of our business community and non-profit partners also participate in the calls. The calls include public health updates and other presentations, as well as Q&A with the attendees. A follow-up email is sent to all attendees that includes meeting materials and web links.

SAMCEDA, the San Mateo County Economic Development Association, has partnered with the County to provide updates and information to the county business community. SAMCEDA has a comprehensive webpage with links to federal, state and local resources for businesses and publishes a daily newsletter along with hosting webinars and other events related to COVID reopening and recovery.

All guidance documents related to COVID-19 are translated into Spanish, Chinese and Tagalog.

In early April, San Mateo County began developing a Communitywide COVID Recovery Strategic Plan. Over 80 community representatives from all sectors and all communities participated in the development of the plan. Equity is a guiding principal of the plan and representatives from the Black, Hispanic, Asian, Filipino, Pacific Islander, LGBTQ+, and youth communities were contributors to the plan. The County is now working on implementing the Strategic Plan through a number of committees

with multiple community members. We expect participation in the implementation process to include even more community members.

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?
- What systems or plans are in place to coordinate with surrounding counties (e.g. health care coalitions, shared EOCs, other communication, etc.) to share situational awareness and other emergent issues.
- How will increased regional and state travel impact the county's ability to test, isolate, and contact trace?

San Mateo County maintains regular communications with the surrounding Bay Area counties regarding the COVID-19 response, situational awareness and emergent issues. Many are grappling with the question of whether to increase the pace and several have sought variances. The Health Officers, directors of health, and county executives have regular communications. The EMS/MHOAC coordination is strong in the region. The county associations including CHEAC and CCLHO provide forums for coordination and communication. We are prepared for the need for increased coordination as regional and state travel leads to cases that cross departments in the region.

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.

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 _____