

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



COVID-19 COUNTY VARIANCE ATTESTATION FORM

FOR County of Inyo

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 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 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 to set up a time with our technical assistance team.

County Name: County of Inyo

County Contact: Anna Scott, Deputy Director of Public Health

Public Phone Number: 760-937-2627

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:

- **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.

Inyo County's population is 18,546. One case per 10,000 would round to 2 cases. We have not had a new positive COVID-19 case in the past 27 days as of 5.14.20.

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

Inyo County has not had a COVID-19 death in the pas 14 days. Our only COVID-19 death was on April 24.

- **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).

Inyo County has posted links to CDPH guidance for businesses and employers on the Inyo County website. We are distributing new guidance to businesses as it becomes available. In addition to state guidance, we have developed more stringent guidance for Long Term Care Facilities and Skilled Nursing Facilities, included as an attachment to this attestation.

To ensure adequate supplies and PPE for our Stage 1 workforce, we have identified vendors to obtain hard-to-find items and informed critical infrastructure sectors how to obtain supplies from vendors and obtain assistance from the MHOAC or EOC Logistics Branch when needed.

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

Our local hospitals, SNFs and LTCF's are regularly polled to assure that they have adequate PPE on hand. We do this through 1-on-1 calls with each facility and through our bi-weekly Health Care Coalition Meeting. Inyo County staff also monitor the Smart Sheets that are released by the state daily and check in with facilities when the smart sheets show dramatic changes or lack of supplies.

In addition, we host a weekly call in conjunction with our chambers of commerce and business community to take direct feedback and requests from all business sectors. Through this mechanism we've identified and addressed supply deficiencies for essential workers in industries outside the health care system, such as grocery and food delivery.

- **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.

A minimum daily testing volume of 1.5 tests per 1,000 residents is ~27 tests per day in Inyo County. The highest volume of tests per day in the past 2 weeks prior to attestation was 30 tests performed on May 11, 2020. Our average is 13 tests per day over the past 7 days, but we do have the capacity to perform 27 tests per day.

At this time, both of our hospitals are testing all symptomatic patients, as well as any asymptomatic persons who come to the hospital for scheduled services. In addition, Northern Inyo Hospital's rural health clinic has opened a drive through testing site for symptomatic patients with an appointment, and Toiyabe Indian Health Project is also performing limited testing at two sites in Inyo County. The combined number of symptomatic and asymptomatic hospital patients, plus the drive-through testing site and the Indian Health Center does not equal 27 tests per day. Testing volume has not matched testing capacity because the shelter in place order has kept the numbers of symptomatic persons needing testing low. As CDPH's testing criteria have expanded to include mildly symptomatic and asymptomatic persons, Inyo County has encouraged providers to test more widely, encouraged residents to seek testing, and is planning to pilot surveillance testing for vulnerable populations. We should be well above the 27 tests per day in the near future.

- 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.

A specimen collection site is available within a 60 minute drive time for well over 75% of Inyo County Residents.

Northern Inyo County is home to about 12,000 of Inyo's total 18,000 person population, all in and around the city of Bishop. Bishop-based testing sites are easily within 60 minute drive time for Northern Inyo residents and include:

- Northern Inyo Health Care District hospital;
- Northern Inyo Health Care District Rural Health Clinic;
- Toiyabe Indian Health Project.

In Southern Inyo, the unincorporated areas of Lone Pine, Independence, Olancho, Darwin, Keeler, and Cartago make up the bulk of the remaining County population, and are within 60 minutes of the two Lone Pine based testing sites:

- Southern Inyo Healthcare District; and
- Toiyabe Indian Health Project (Lone Pine Clinic).

A very small portion of the population is scattered throughout the Death Valley area and is served within 60 miles by testing in the city of Pahrump, Nevada, or Ridgecrest in Kern County, California. Only a handful of individuals live so far off the beaten path that they are not within 60 miles of testing.

- **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:
 - 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.

Inyo County has far exceeded the requirements for contact tracing for counties with small populations. We have three nurses in our public health department, each leading a team of 5 trained contact tracers who have volunteered from other departments. We have the capacity to trace up to 100 positive cases and their contacts. We have the capacity to enlist additional medical and non-medical staff to supplement our team of contact tracers and investigators via the Disaster Health Care Volunteer program, and/or by reassigning county staff who have investigative experience. Inyo County plans to utilize the contact tracing training that is offered by UCLA and UCSF via the California Department of Public Health (CDPH), and also plans to utilize the contact tracing data management platform that is being rolled out statewide.

- 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.

Inyo County has partnered with our local Continuum of Care, Inyo-Mono Advocates for Community Action (IMACA), to develop a variety of sheltering services for individuals experiencing homelessness in Inyo County. As of the January 2020 PIT Count, Inyo County had 121 homeless individuals, and we have contracts in place that could be used to shelter more than 50% of them if necessary.

At this time, IMACA has contracted for 10 hotel rooms, and Inyo County Health and Human Services has contracted for an additional 60 hotel rooms for homeless and low income residents who are COVID-19 positive or symptomatic and do not have a safe place to isolate or quarantine. In addition, for homeless persons who live in their vehicles and are unable or unwilling to isolate in a hotel room, we have identified a safe parking area with sanitation and hygiene facilities, shower, and laundry available, as well as 24 hour monitoring, and access to services and case management through the COC.

- **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 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.

Inyo County hospitals have completed an extensive amount of planning and preparation to assure that our health care system is prepared and capable of meeting the needs of our community.

Generally, Inyo County's hospital capacity includes 24 inpatient beds in Northern Inyo Healthcare District and 5 inpatient beds in Southern Inyo Healthcare District for a total of 29 beds. To address potential surge, Southern Inyo could expand capacity up to 5 additional beds, including staffing. Northern Inyo has received approval from the California Department of Public Health to utilize an unoccupied space adjacent to the ED, increasing ED space from eight beds to 12 beds. In addition, Northern Inyo has a surge plan to transition the Post Anesthesia Care Unit (PACU) into an inpatient care area, allowing for 10 additional inpatient beds.

This response increases inpatient bed capacity by 40%, from 25 beds to 35 beds, at Northern Inyo, and by 50%, from 5 beds to 10 beds, at Southern Inyo. This more than meets the requirement that hospital capacity accommodate a minimum surge of 35%.

- 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.

Both of our healthcare districts have robust plans in place to protect their workforce with PPE. Their PPE supply is stable with the ability to requisition additional supplies through their normal supply chains. Bi-weekly, Inyo County surveys both hospitals through our regularly scheduled Health Care Coalition meetings, in addition to nearly daily ad-hoc contact between Inyo County Public Health and the hospitals.

Hospitals, like all health care facilities and first responder agencies, may submit resource requests to the Medical and Health Operational Area Coordinator (MHOAC) for PPE. Such requests are an indication that a hospital may have a disruption in the PPE procurement supply chain and would serve as a signal to Inyo County, resulting in additional outreach. Inyo County Public Health maintains close relationships with our hospital staff.

- **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..

Inyo County has two SNFs, both of which have much more than a 14 day supply on hand for staff and an established process for procurement from non-state supply chains. The two SNF are:
- Bishop Care Center, Matt Dalton, 151 Pioneer Lane, Bishop, CA 93514
- Southern Inyo Healthcare District, Peter Spiers, CEO, pspiers@sihd.org; 501 East Locust Street Lone Pine, CA 93545

Bishop care Center reports more than 2 weeks of all required PPE, no staffing shortages, and they are getting PPE through their corporate office Plum, which has adequate supply and buying power.

Southern Inyo Healthcare District has a SNF co-located with the hospital, and is reporting more than two months of required PPE on hand.

Inyo County Public Health staff checks in at least weekly with both SNFs to track PPE availability, facility status, and provide COVID-19 updates and technical assistance.

- **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.

Please see the attachment "Inyo County's Plan on Moving Through Stage Two" which includes the sectors that will be opened in what sequence, on what timeline.

- **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.

With reopening and more Inyo County residents coming into close contact with one another, we expect that cases of COVID-19 will increase, along with hospitalizations and even deaths. A major goal of sheltering in place has been to "flatten the curve" and avoid overwhelming the health care system, and this will remain the focus of our ongoing public health efforts as Inyo gradually reopens. Inyo County Public Health will continue to review data daily to determine if it is necessary to return to the previous stage of reopening in order to avoid overwhelming the health care system. We will be proactive, not reactive, in tightening mitigation measures when one or more of the following indicators are met:

- More than 5 unrelated cases testing positive within 1 week;
- Less than 7 day supply of PPE for health care workers;
- Hospital census reaches 75% of baseline capacity;
- Based on request from either of our hospitals.

The Health Officer will notify the CDPH Duty Officer of emerging concerns within 24 hours. The final decision to return to a previous phase of stage 2 will be made by the Inyo County Health Officer after consultation with CDPH.

- **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](#)

Please see the attachment "Inyo County's Plan or Moving Through Stage Two."

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?

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?

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?

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?

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?

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?

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?

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?

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

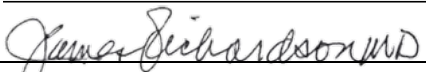
- Letter of support from the County Board of Supervisors
- Letter of support from the local hospitals or health care systems. In the event that the county does not have a hospital or health care system within its jurisdiction, a letter of support from the relevant regional health system(s) is also acceptable.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

All documents should be emailed to Jake Hanson at Jake.Hanson@cdph.ca.gov

I Dr. J, hereby attest that I am duly authorized to sign and act on behalf of Inyo. I certify that Inyo 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 Inyo, 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 James A. Richardson, M.D.

Signature 

Position/Title Inyo County Health Officer

Date 5/14/2020

Inyo County's Plan for Moving Through Stage 2

The following is Inyo County's framework for moving through opening sectors and spaces that are a part of the State's plan for Stage 2. This Inyo County plan only covers those areas that are part of Stage 2, up to, but not including Stage 3. This document was developed by Inyo County Health and Human Services in coordination with the Inyo County Office of Emergency Services.

This plan is a phased plan that will allow for a gradual and monitored pace to return our community to normal operations. This is necessary to continue to limit the spread of COVID-19. **All businesses in Inyo County are expected to review the guidance and complete the checklist relevant to their industry, posted at <https://www.inyocounty.us/covid-19/reopening-inyo-businesses>.** Businesses within and beyond Stage 2-Phase 2, will be allowed to open **only** after they have submitted an attestation to Inyo County that they have implemented the guidance and uploaded their checklist.

Sectors Opening Early Stage 2- Phase 1 (in line with State) May 8, 2020	Sectors Opening Early Stage 2 – Phase 1.2 (in line with State) May 11, 2020	Sectors to Open Upon Approval of Variance Stage 2- Phase 2 Mid-May, 2020 (anticipated)	Sectors to Open Later in Stage 2 Stage 2- Phase 3 August 2020 (anticipated)
<p>Sectors that have been permitted to open as of May 8, 2020, per the State of California. These include:</p> <ul style="list-style-type: none"> • Retailers (curbside service only) • Manufacturing and logistics • Warehouses 	<p>Sectors have been permitted to open as of May 11, 2020, per the State of California. These include:</p> <ul style="list-style-type: none"> • Car washes • Pet grooming • Landscape gardening • Office-based business (telework still encouraged) • Childcare facilities for Stage 2 workers • Outdoor museums and open gallery spaces 	<p>Upon approval of Inyo County Variance, the following business sectors will be allowed to open only after submitting their attestation and uploading their checklist:</p> <ul style="list-style-type: none"> • In-person retail • Destination retail, including swap meets • Dine-in restaurants (other facility amenities, like bars or gaming areas, are not permitted) 	<ul style="list-style-type: none"> • Resume in-classroom school instruction

INDIVIDUAL ACTIONS

During Stage 2, individuals must continue to take steps to reduce exposure and limit the spread of COVID-19 by:

- Isolating if you are feeling ill and quarantining if you have been exposed to anyone suspected or confirmed to have COVID-19;
- Vulnerable (high risk) individuals must continue to stay home, except when performing essential business;
- Facial coverings are required in public and social distancing of 6 feet must be observed;
- Maintain good hygiene practices – washing hands, using hand sanitizer, cleaning frequently touched surfaces, covering coughs and sneezes.
- Non-essential travel into or out of the area is not allowed.



EL CAMINO SIERRA

BOARD OF SUPERVISORS COUNTY OF INYO

P. O. BOX N • INDEPENDENCE, CALIFORNIA 93526

TELEPHONE (760) 878-0373

e-mail: dellis@inyocounty.us

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May 15, 2020

Dr. Sonia Y. Angell
State Public Health Officer and
Director California Department of Public Health
P.O. Box 997377, MS 0500
Sacramento, CA 95899-7377

Dear Dr. Angell,

Please accept this letter on behalf of the Inyo County Board of Supervisors as confirmation that we have reviewed the COVID-19 Local Variance Attestation executed by Dr. James Richardson, Inyo County Public Health Officer, the letters of support from our local health care district hospitals, and our County-specific plan for opening businesses during Stage 2 of California's Roadmap to Modify the Stay-at-Home Order. Our Board of Supervisors fully support the attestation and join Dr. Richardson in requesting an approval for a variance.

Inyo County residents and businesses have voluntarily adhered to all State and local restrictions and guidance for almost two months. At this time, Inyo County has only 19 confirmed cases and one death – with no new confirmed cases in more than three weeks. Only two of our confirmed cases had to be hospitalized, and we have experienced no surge to our hospital systems to date.

Inyo County, its local jurisdictions, and our private, public, non-profit, and faith-based partners have come together to create Inyo County's plan for reopening. We believe that this reopening plan, which is informed by local experience and local data, will allow Inyo County to move forward at a pace that is appropriate and safe for our jurisdiction.

Thank you for your consideration!

Respectfully,

Matthew Kingsley, Chairperson
Inyo County Board of Supervisors



**NORTHERN
INYO HEALTHCARE
DISTRICT**

150 Pioneer Lane
Bishop, California
93514
(760) 873-5811 voice
(760) 872-2768 fax

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Interim CEO**

NIHD Letter of Approval to Inyo County Regarding Regional Variance

May 10, 2020

Inyo County Board of Supervisors
224 N. Edwards Street
Independence, CA 93526

Dear Inyo County Board of Supervisors:

I am writing today in support of Inyo County's request for variance from the State of California's *Roadmap to Reopen*. Northern Inyo Healthcare District attests that we meet the readiness criteria as outlined by the State of California and we support the County of Inyo in their phased approach to re-opening in accordance with Stage Two of the *Roadmap to Reopen*.

We have been working closely with our local and State partners, including Inyo County and Southern Inyo Healthcare District, to ensure that the criteria are met and we are able to test, trace, and protect our vulnerable communities in both a timely and safe manner.

To that end, Northern Inyo Healthcare District submits this letter of support and asks for your consideration in approving regional variance for Inyo County.

Respectfully,

William Timbers, MD
Interim Chief Medical Officer
Northern Inyo Healthcare District

*Improving our
Communities One
Life at a Time. One
Team. One Goal.
Your Health!*

Web Site
www.nih.org

Southern Inyo Healthcare District
501 E. Locust St. P.O. Box 1009 Lone Pine, CA 93545
Phone: 760-876-5501 Fax: 760-264-4292'

05/14/2020

Dear Inyo County Board of Supervisors,

I write today to support of the County of Inyo's attestation that our community is prepared to move through the State's Roadmap to Reopen at a locally driven pace. Southern Inyo Healthcare District attests that we meet the readiness criteria as outlined by the State, including the requirement to be able to surge our inpatient beds by at least 35%.

We have been working closely with our partners, including Inyo County Health and Human Services and Northern Inyo Healthcare District, to ensure that the criteria are met and we are able to test, trace, treat, and protect our vulnerable communities.

SIHD submits this letter of support and asks for your consideration in approving Regional Variance for Inyo County.



Peter Spiers, PhD.
Chief Executive Officer