

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

COVID-19 VARIANCE ATTESTATION FORM

FOR County of Santa Clara



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

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.

Jake.Hanson@cdph.ca.gov to notify him of your intent to seek a variance and if needed, request a consultation.

County Name: County of Santa Clara

County Contact: Dr. Sara Cody, Public Health Officer and Public Health Director

Public Phone Number: (408) 792-5040

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 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.

The table below reflects the “7-day average of daily percent change in the total number of hospitalized confirmed COVID-19 patients” on each of the last 14 days in Santa Clara County, based on consultation with CDPH.

Percent Change in Number of Hospitalized COVID+ Cases in Santa Clara County, 7-Day Average, June 23-July 6, 2020	
<i>Date</i>	<i>% Change, 7-day average</i>
6/23/2020	9%
6/24/2020	10%
6/25/2020	10%
6/26/2020	8%
6/27/2020	9%
6/28/2020	10%
6/29/2020	8%
6/30/2020	5%
7/1/2020	3%
7/2/2020	4%
7/3/2020	3%
7/4/2020	2%
7/5/2020	1%
7/6/2020	<1%

Santa Clara County has had more than 20 total confirmed COVID-19 patients hospitalized on each of the last 14 days. The table below reflects the total number of confirmed COVID-19 patients hospitalized in our County each of the last 14 days.

Number of Hospitalized COVID+ Cases in Santa Clara County by Day, June 23-July 6, 2020	
<i>Date</i>	<i># Hospitalized Cases</i>
6/23/2020	56
6/24/2020	65
6/25/2020	68
6/26/2020	66
6/27/2020	76
6/28/2020	78
6/29/2020	85
6/30/2020	81
7/1/2020	80
7/2/2020	90
7/3/2020	82
7/4/2020	85
7/5/2020	86

7/6/2020	88
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- o 14-day cumulative COVID-19 positive incidence of <25 per 100,000 -OR- testing positivity over the past 7 days of <8%.

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.

The 14-day cumulative COVID-19 positive incidence in Santa Clara County is 75 per 100,000 as of July 6, 2020. The testing positivity rate over the past 7 days is 2.2% as of July 6, 2020.

The testing positivity over the most recent 7 days, with a 7-day lag, in Santa Clara County is set forth in the table below. Please note, the County does not have any State or federal prisons within its boundaries.

Testing Positivity over the past 7 days in Santa Clara County, 7-Day Average, June 16 - 22, 2020	
<i>Date Specimen Collection</i>	<i>Positivity Rate (%)</i>
6/30/2020	1.99
7/1/2020	2.21
7/2/2020	2.20
7/3/2020	2.20
7/4/2020	2.12
7/5/2020	2.20

7/6/2020	2.24
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- **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).

The County of Santa Clara Public Health Department has developed and provided numerous guidance documents for essential employers and their employees. We also have general guidance to make physical environments safer, including for employers and essential critical infrastructure workers. We have provided guidance around cleaning, testing, handling positive cases among employees, screening employees, food facilities and delivery, PPE recommendations for different types or personnel, elder and residential care facilities, Emergency Medical Services, Healthcare, curbside pick-up, outdoor dining, and SROs (congregate living residences), and the face covering directive.

Copies of these guidance documents are available at <https://www.sccgov.org/sites/covid19/Pages/business-guidance.aspx>.

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

The availability of supplies to protect essential workers is assessed based on requests for PPE and related supplies to the County's Emergency Operations Center (EOC).

At this time, the EOC is able to fulfill all requests for assistance for such supplies with the exception of requests for N95s. Below is a table reflecting the volume of requests for PPE that have been submitted to our EOC from health care providing entities in the past 14 days:

PPE and Other Supplies Requested by Health Care Entities, June 16-29, 2020	
<i>Items</i>	<i>Quantity Requested</i>
Eye Protection	272
Gloves	3,1402
Gowns	74,274
Hair covering	20,401

Hand Sanitizer	969
N95	98,402
Non-N95 Mask	111,562
Other	19,950
PAPR supplies	15
Shoe covers	22,951
Thermometer	3
Wipes	1,926

- **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.

Testing capacity in Santa Clara County exceeds 1.5 tests per 1,000 residents. The average number of tests per day per 1,000 residents over the past 7 days (with a 7-day lag) is 2.2. The following table provides recent information on the number of tests performed in the County.

Number of tested performed in Santa Clara County, by Specimen Collection Date, June 23 - 29, 2020		
<i>Date Specimen Collection</i>	<i>Total # Tests</i>	<i>Test Rate (per 1000)</i>
6/23/2020	6826	3.42
6/24/2020	8494	4.25
6/25/2020	8945	4.48
6/26/2020	8297	4.16
6/27/2020	3459	1.73
6/28/2020	1546	0.77
6/29/2020	4335	2.17

- 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.

Santa Clara County's testing network is comprised of community sites, hospitals, clinics, and pop up testing sites. These sites cover approximately 94% of County residents. The locations are:

Community Testing Sites

- Santa Clara County Fairgrounds
- PAL Stadium
- James Lick High School
- Christopher High School
- Roots Community Health Center at Antioch Baptist Church
- Planned Parenthood Mar Monte, City of Mountain View & County of Santa Clara COVID-19 Drive Through Testing Site

Hospital and Clinic Sites

- SCVMC
 - Santa Clara Valley Medical Center (SCVMC) - Milpitas Library Parking Structure, 160 N. Main Street, Milpitas, CA 95035
 - St. Louise Regional Hospital - DePaul Health Center, 18550 De Paul Dr., Morgan Hill, CA 95037
 - Santa Clara Valley Medical Center (SCVMC) - Valley Health Center Downtown, 777 E Santa Clara Street, San Jose, CA 95112
 - Santa Clara Valley Medical Center (SCVMC) - Valley Health Center East Valley, 1993 McKee Road, San Jose, CA 95116
- Asian Americans for Community Involvement (AACI)
- Gardner Health Service – Gardner South County Health Center
- Gardner Health Center – CompreCare Health Center
- Indian Health Center of Santa Clara Valley
- Indian Health Center of Santa Clara Valley Pediatric Center
- Lucille Packard Children's Hospital
- Mayview Community Health Center
- Planned Parenthood Mar Monte Clinic
- Planned Parenthood - Blossom Hill Health Center
- Planned Parenthood San Jose Health Center
- Planned Parenthood Mountain View Health Center
- North East Medical Services (NEMS) Lundy Clinic
- Peninsula Healthcare Connection
- School Health Clinics
 - Gilroy Neighborhood Health Center
 - Overfelt Neighborhood Health Center
 - Washington Neighborhood Health Center

- Stanford Hospital
- Stanford Health Care - Hoover
- Stanford Health Care UHA-CPC
- Stanford Health Care – SHC-Galvez
- Kaiser Permanente
- Kaiser Permanente San Jose Medical Center
- Regional Medical Center
- Good Samaritan Hospital – Mission Oaks Campus
- Good Samaritan Hospital
- El Camino Health – Mountain View Hospital
- El Camino Health – Mountain View Urgent Care
- El Camino Health Urgent Care – Cupertino
- El Camino Health Urgent Care – Willow Glen
- O'Connor Hospital
- Veterans Affairs Palo Alto Healthcare System

Pop up testing sites, 7/7-7/11

- Campbell Community Center, 1 W. Campbell Avenue, Campbell CA 95008
- South County Annex, 9300 Wren Avenue, Gilroy, CA 95020
- Independence High School, 617 N. Jackson Avenue, San Jose CA 95133

More information on the County's COVID-19 testing is available at www.sccfreetest.org

- 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.]

The County set a goal of conducting at least 4,000 tests countywide per day. To meet this goal, the County employed several strategies, including standing up many pop-up testing sites that move from place to place throughout the county to ensure testing in areas with high COVID-19 prevalence, and areas where access to testing may be limited. Testing at these sites is open to any member of the community, for free. These testing sites are now testing approximately 2,000 county residents each day. The County's healthcare delivery system is also offering free COVID-19 testing at each of its clinics and hospitals. The County is also hosting and supporting several OptumServe and Verily sites. The County Health Officer has also been urging healthcare providers to significantly increase the number of tests they are conducting, instituting appropriate policies to ensure they are testing all patient who fall into priority categories for testing, and supporting greater access to testing in the community. Finally, the Health Officer issued an order requiring hospitals and larger healthcare providers to offer testing to certain categories of patients.

More information on all of these actions is available at www.sccfreetest.org.

A copy of the local testing order to large healthcare providers is available at <https://www.sccgov.org/sites/covid19/Pages/order-health-officer-06-15-20.aspx>

- **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).

The County currently has 741 staff working as part of its case investigation and contact tracing workforce. We anticipate growing that workforce to approximately 1,000, including with assistance from the State through its plan to redeploy approximately 500 State staff to assist our County with contact tracing. With this combined workforce, we anticipate having appropriate capacity to meet the demand for contact tracing even in the event of a surge. We are one of several counties working in close partnership with the State to pilot its CalConnect platform, which is the platform we are using to support case investigation and contact tracing.

- 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.

The County meets these criteria. The 2019 Homeless Point in Time count estimates that there are 9,706 persons experiencing homelessness (PEH) in Santa Clara County of which 1,784 are sheltered. The Public Health Department is collaborating with partner agencies like the County Office of Supportive Housing and cities within the county to support people experiencing homelessness and who are unable to isolate. As of June 29, 2020, the County has 2,677 congregate and non-congregate shelter units or beds for homeless persons, including those who are COVID positive and vulnerable, which is equivalent to 28% of the estimated number of persons experiencing homelessness.

Since March 2020, the County and its partners have increased temporary shelter in response to the pandemic. As of June 29, 2020, we have added 375 congregate shelter beds and reserved 731 hotel/motel rooms. Since existing temporary shelter programs were decreased by about 501 beds to allow for sufficient social distancing, the net increase in temporary shelter is 605 beds. The County has placed 1,603 individuals or families in congregate and non-congregate temporary shelter. The vast majority of these individuals and families were COVID-19-negative, but were provided shelter to reduce the number of people in congregate environments to facilitate social distancing, and to reduce the risk from COVID-19 for persons who are homeless or unstably housed. We have prioritized non-congregate shelter settings, such as motel rooms for individuals who: 1) because of their age or underlying health conditions are at-risk for serious illness or death if they contract COVID-19; 2) may have been in close contact with a COVID-19 positive person; or, 3) have tested positive for COVID-19. These programs primarily serve homeless individuals and families, but the programs also serve persons who have stable housing but whose residential settings or circumstances do not allow for effective isolation.

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

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

- o County (or regional) hospital capacity to accommodate 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.

County hospital capacity is adequate 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. Information on hospital bed capacity, including ICU capacity and ventilator availability is updated daily on the County's COVID-19 website and is available here:

<https://www.sccgov.org/sites/covid19/Pages/dashboard.aspx>

As of today, COVID-positive patients are occupying less than 4% of total hospital bed capacity in the County.

The following table lists the County's surge capacity by hospital:

Hospital	7-Day Average of Total # of Occupied Beds	7-Day Average of Total # of Available Beds (Including Surge Capacity)	7-Day Average % of Beds Available
El Camino - Los Gatos	19.6	69.4	78.0%
El Camino - Mountain View	106.7	153.6	59.0%
Good Samaritan Hospital	155.7	816.3	84.0%
Kaiser San Jose Medical Center	113.6	179.3	61.2%
Kaiser Santa Clara Medical Center	152.9	72.4	32.0%
O'Connor Hospital	99.1	169.7	63.1%
Regional Medical Center	189.7	363.7	65.7%
Saint Louise Regional Hospital	36.0	76.3	67.9%
Santa Clara Valley Medical Center	249.9	454.4	64.5%

Stanford Hospital	491.0	194.0	28.3%
Grand Total	161.4	254.9	60.4%

Hospital	7-Day Average of Total # of Occupied ICU Beds	7-Day Average of Total # of Available ICU Beds (Including Surge Capacity)	7-Day Average % of ICU Beds Available
El Camino - Los Gatos	2.7	13.3	83.0%
El Camino - Mountain View	17.3	22.7	56.8%
Good Samaritan Hospital	44.6	193.4	81.3%
Kaiser San Jose Medical Center	9.1	83.1	90.1%
Kaiser Santa Clara Medical Center	20.7	19.4	48.4%
O'Connor Hospital	12.7	23.3	64.7%
Regional Medical Center	29.1	120.9	80.6%
Saint Louise Regional Hospital	5.0	11.0	68.8%
Santa Clara Valley Medical Center	36.0	92.0	71.9%
Stanford Hospital	76.3	66.7	46.7%
Grand Total	25.4	64.6	69.2%

- 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.

The County requires all acute care hospitals in the County to submit a weekly attestation to the County as to whether they have at least 30 days of PPE on hand. For the past three weeks nine of the County's hospitals have certified that they do have a 30 day supply of PPE, two certified that they do NOT have a 30 day supply of PPE, and one did not submit a certification. The hospitals that do not have a 30-day supply of PPE are Stanford Hospital and Lucile Packard Children's Hospital; they have stated that they fall short of their needed inventory for size large N95s.

More information on the County Health Officer's order regarding inventory of PPE is available at <https://www.sccgov.org/sites/covid19/Documents/05-13-20-Health-Officer-Order-disclose-inventories-ppe-ventilators.pdf>

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- **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:
 - 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 County has been and will continue providing extensive support to prevent COVID-19 transmission in skilled nursing facilities (SNFs), while also working actively to prevent outbreaks in all congregate settings. Because of enhanced infection prevention practices, long-term care facilities (LTCFs) have generally been able to contain outbreaks within their facilities with assistance from the County. The County's support for SNFs has been multifaceted. Beginning in early March 2020, the County contacted SNFs and other LTCFs in the County to review each facility's infection prevention policy and reinforce public health guidance. The County has also ensured that each facility has as much access to personal protective equipment as possible, providing several hundred thousand pieces of PPE to SNFs. The County has also coordinated N95 respirator fit testing for SNF employees. Beginning in April, SNFs with large numbers of COVID-19 cases began experiencing staffing shortages due both to increased need (to allow for patient isolation) and decreased supply (due to staff illness and attrition). The County provided emergency supplemental staffing by deploying both County staff and contracted nurses. This action allowed even the most heavily impacted SNFs to continue operations, protecting the health and wellbeing of the very vulnerable patients in those facilities. The County is continuing to monitor the stability of each of these facilities and has a reserve pool of contracted nursing staff for rapid deployment to SNFs that may face similar challenges in the future. The County has also provided extensive support to ensure that SNFs are able to regularly test staff, including by training SNF staff to conduct testing onsite for their own employees. The County is also conducting outbreak investigations in SNFs and all other facilities in the County where such investigations are needed, ensuring that outbreaks are detected and contained as early as possible. The County also monitors SNFs' COVID-19 case counts, notifies the SNFs when testing results for

staff and residents are received, and coordinates mass testing efforts where appropriate. The County Health Officer also has ordered SNFs to regularly disclose their PPE supplies:

<https://www.sccgov.org/sites/covid19/Documents/05-13-20-Health-Officer-Order-disclose-inventories-ppe-ventilators.pdf>.

More information on our LTCF monitoring is available on our dashboard at: <https://www.sccgov.org/sites/covid19/Pages/dashboard-long-term-care-facilities.aspx>

- 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.

Currently some SNFs in Santa Clara County are still requesting PPE from the County's Emergency Operation Center, suggesting they are still struggling to procure adequate PPE through non-state-supported supply chains. The table in Appendix A shows the types and quantities of PPE requested from SNFs in the past 14 days from the EOC. Additionally, the Health Officer requires SNFs to provide weekly updates to the County on PPE inventory pursuant to an order: <https://www.sccgov.org/sites/covid19/Documents/05-13-20-Health-Officer-Order-disclose-inventories-ppe-ventilators.pdf>.

Four of 48 SNFs in the County responded to a survey administered on July 3, 2020 that they do not have a >14-day supply of PPE on hand. Sixteen of 48 SNFs in the County responded to a survey that they cannot independently procure PPE moving forward without relying on state or county supply sources.

A list of all SNFs in the County and their contact information is in Appendix B.

- **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.

The Public Health Officer has replaced the prior sector-specific order with an order that imposes strict risk reduction requirements on all businesses, and requires many businesses to remain closed, including indoor restaurants, bars, nightclubs, theme parks, etc. Among the sectors allowed to open under Stage 3, some would not be able to open under the framework of the risk reduction order, and others would be able to open but in a more limited fashion. A copy of the risk reduction order is available at:

<https://www.sccgov.org/sites/covid19/Pages/public-health-orders.aspx>.

As noted in the order, only those businesses and activities that are allowed to be open under the State's order can resume in our County, because the more restrictive of the two orders controls. The new order will take effect on the later of July 13th or two days after this variance is approved by the State.

- **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.

The County's Public Health Department closely tracks many metrics related to the spread of COVID-19 in the County, including metrics related to cases, hospitalization, testing, PPE, and local outbreaks.

Metrics related to cases that County monitors include: tracking the number of cases by specimen collection date to develop and monitor a local epidemiologic curve, calculating an R-naught for the County as a whole as well as for different regions within the County, and cases by demographic and age groups.

Metrics related to hospitalization that County monitors include: total number of hospitalized cases per day and number of ICU cases per day, number of new hospitalized cases per day, and hospital bed availability by bed type.

Metrics related to testing that County monitors include: number of test specimens collected per day, test positivity rate, and average turn around time for test results.

Metrics related to PPE that County monitors include: tracking types and quantities of PPE being requested from the EOC, inventory levels for key PPE items from all hospitals and SNFs in the County, and ability of hospitals to independently procure PPE.

Metrics related to local outbreaks that County monitors include: size and location of outbreaks, and type of environment where the outbreak occurred.

The County is also further refining metrics to monitor our case investigation and contact tracing efforts. The County also aligns with the Bay Area Health Officer Indicators, as described below.

Examples of some of these metrics can be found on our website-

County data dashboards- <https://www.sccgov.org/sites/covid19/Pages/dashboard.aspx>

County Health Officer Indicators- <https://www.sccgov.org/sites/covid19/Pages/bay-area-health-officer-indicator.aspx>

- **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.

The County is deeply committed to protecting the community. The County Public Health Department has substantial containment infrastructure in place. This containment infrastructure has been developed through collaboration and input from a large number of stakeholders.

We get input from stakeholders including all 15 cities within the County, community partners, and providers to inform the containment plan. We also obtain key input from neighboring jurisdictions, including the County of Marin, County of Contra Costa, County of San Mateo, City and County of San Francisco, City of Berkeley, and County of Alameda. Moreover, we have a process and webform to obtain input from the entire public, which is located at <https://www.sccgov.org/sites/covid19/Pages/ask-question-share-concern.aspx>. There is a dedicated team to review and respond to public comments and input.

Our primary containment goal is to test (in order to identify cases), and then use case investigation and contact tracing to ensure isolation and quarantine of all applicable individuals. We are continuing to refine and develop this infrastructure in partnership with many entities. We will iteratively expand and continue to develop this plan, including with relevant resources, following appropriate protocols, doing so based on the latest science regarding COVID-19 and its transmission.

The sections below provide information regarding key components of that plan including testing, contact tracing, protecting the vulnerable people who are living and working in congregate settings, acute care surge, essential workers, community engagement, and relationship with surrounding counties.

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?

The County has already met all of the metrics in the list above, as described previously in this document. The County will continue to implement the strategies described earlier in this document in order to continue to meet the County's higher goal of conducting at least 4,000 tests countywide per day. These strategies include standing up many pop-up testing sites that move from place to place throughout the county to ensure testing in areas with high COVID-19 prevalence, and areas where access to testing may be limited; offering free COVID-19 testing at each of the clinics and hospitals in the County healthcare delivery system; and hosting and supporting several OptumServe and Verily sites. The County continues to work with healthcare providers across the county to increase the number of tests these providers are conducting, including by issuance of an order to large healthcare systems to mandate testing of certain categories of patients.

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?

The County's current infrastructure and plan regarding contract tracing is described above, and would allow the County to accommodate a three-fold increase in cases from our recent average with ten contacts each. Demographics and language capacity for the County's current contact tracing workforce is as follows:

Demographics of Contact Tracing Workforce	
<i>Race/Ethnicity</i>	<i>% of CICT Workforce</i>
Asian	16.1
Hispanic/Latino	15.7
Black/African American	3.1
White	20.4
Two or More Races	3.5
Native Hawaiian/Other Pacific Islander	0.8
American Indian/Alaska Native	0.0
Not Specified	40.4

The County's case investigation and contact tracing team has substantial capacity in Spanish, Vietnamese, Tagalog, Mandarin, Cantonese, and more limited capacity in several other languages.

The County and cities within the county have been and will continue to offer support for low-income individuals who need to isolate or quarantine, offering hotel rooms, meal delivery, and other related services. The Public Health Department and medical providers ask whether COVID positive individuals have the ability to isolate. If a patient cannot isolate in their current living situation, whether homeless or housed, they are referred to the COVID Shelter Hotline. All COVID-positive individuals who cannot isolate are offered non-congregate shelter. Referrals are typically from Public Health or medical providers, but individuals who test positive can also request assistance themselves. The hotline was launched on April 2, 2020 and to date, no individual requesting shelter has been turned away. The County's Valley Homeless Healthcare Program (VHHP) works with Gardner Health Services, one of our non-profit partners, with identifying homeless individuals who have multiple underlying health conditions identified by the CDC that make them at high risk if they were to contract COVID-19. The County has prioritized sheltering these at-risk individuals. Additionally, medical providers go to encampments, shelters and community-based organizations multiple times per week throughout the City and County to share information about COVID-19 and provide medical care. In addition, VHHP provides mass asymptomatic

COVID-19 testing for the homeless community at all congregate sites. This includes all shelters, safe parking sites and encampments of 10 or more people.

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?
- Do facilities have the ability to safely 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 facilities have policies and protocols to appropriately train the workforce in infection prevention and control procedures?
- Does the workforce have access to locations to safely isolate?
- Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

How many congregate care facilities, of what types, are in the county?

- As of March 14, 2020, there are 559 Licensed Adult and Senior Care Facilities in Santa Clara County:
 - Adult Day Program – 44
 - Adult Residential – 232
 - Adult Residential Facility for Persons with Special Health Care Need – 13
 - Enhanced Behavioral Support Home – ARF - 3
 - RCFE-Continuing Care Retirement Community – 10
 - Residential Care for the Elderly – 248
 - Social Rehabilitation Facility - 9
- There are 49 Skilled Nursing Facilities in Santa Clara County

How many correctional facilities, of what size, are in the county?

- There are three correctional facilities in the county, including the County's main jail (capacity of 1,593), the County's minimum-security jail (capacity of approximately 3,100), and juvenile hall (capacity of 390).

How many homelessness shelters are in the county and what is their capacity?

- There are there are 58 homeless shelter sites that we are using, are planning to use, or would be in use during parts of the year (e.g. Cold Weather Shelter Program).
- What is the COVID-19 case rate at each of these facilities?

The number of cumulative cases at shelters is in the table below:

Facility Name	Setting Type	Number of cases
City Team Men's Shelter	Shelter	3
Villa - Life Moves	Shelter	1
Unspecified	Shelter	1
Camden Family Shelter	Shelter	3
Renascent Place	Supportive Housing Facility	1
Bascom Community Center	Shelter	1

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?

- The County operates all correctional facilities within Santa Clara County. Public Health is immediately notified if anyone in those facilities tests positive and has been in extensive consultation with the Sheriff and Probation Departments, which operate those facilities.

Do facilities have the ability to adequately and safely isolate COVID-19 positive individuals?

- Yes, with support from the County and its Public Health Department.

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?

- Yes

Do long-term care facilities have sufficient PPE for staff, and do these facilities have access to suppliers for ongoing PPE needs?

- Yes

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?

- Yes

Do these facilities (particularly skilled nursing facilities) have access to staffing agencies if and when staff shortages related to COVID-19 occur?

- Yes, and the County has staffing agency staff available to assist SNFs that require excess staffing.

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.)?

The County continues to prioritize the provision of resources for vulnerable populations like people with disabilities and older adults in order to address any inequities that they may experience. The necessary resources include the services, supplies, and supports that are necessary to maintain health and safety. Personal Protective Equipment (PPE), testing and sheltering are critical components of the County's COVID response. To mitigate exposure to COVID the County supported provision of PPE to vulnerable populations and associated service providers. PPE was provided directly (as in the case with In Home Supported Services, IHSS) and through local jurisdictions. It is of note that PPE is also available through the local Public Authority and the California Office of Access and Functional Needs.

Prioritization for testing was given to vulnerable populations in high need areas identified through Public Health data. Those areas included neighborhoods with a high density of residents who are low-income and/or people of color and/or living in congregate settings.

County residents with limited housing options, and those who are unhoused, face unique obstacles for social distancing and/or quarantine. For these residents, the County provides congregate and non-congregate shelter options. To address positive cases in this vulnerable group, those who test positive for COVID are able to shelter at the County's COVID+ Shelter site.

Access to the aforementioned resources and services is supported through County communications that are accessible by the diverse population within the area. Live broadcasts include sign language interpreters; websites and other digital and electronic information are designed to meet standards of accessibility. While all communications utilize plain language to maximize understanding and the information is provided in multiple languages for people with limited English proficiency, trusted community leadership is engaged in communications to vulnerable populations.

Supports to maintain the independence of residents living in their own homes are provided so that they can continue necessary physical distancing, while maintaining dignity and well-being. These supports include delivery of meals and addressing functional needs. Meal delivery through the County's Senior Nutrition Program was increased to ensure dietary needs are met, while

supporting physical distancing. The County also coordinates with the City of San José on expanded food delivery to include meal delivery to shelter sites.

The County ensures residents are able to remain in their homes by meeting functional needs for recipients of In-Home Supportive Services (IHSS). IHSS services were adapted as part of the County's COVID Response to ensure care if the established provider becomes ill and/or unable to care for the IHSS recipient. This allows for continuity of in-home care. Additionally, providers are able to join IHSS recipients in quarantine, along with service animals and pets. Each of these supports allow for the maintenance of social connections, well-being and continuation of care. Of note, the County also coordinates and supports the distribution of food and necessary supplies for unhoused people at homeless encampments through the use of outreach teams, and to residents housed in the County's congregate and non-congregate shelter sites.

Regardless of the service provided, meal delivery or supply distribution, these teams provide socialization and social connections during their interactions with residents. Where appropriate, PPE is made available to service providers, along with the necessary instructions to minimize exposure and spread of infection.

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?

The County is tracking hospital capacity including COVID-19 cases, hospital census, ICU census, ventilator availability, staffing, and surge capacity. Most of this information is publicly reported on the County's COVID-19 website as described above, including at our hospital dashboard:

<https://www.sccgov.org/sites/covid19/Pages/dashboard-hospitals.aspx>.

Hospitals are not generally relying on county Medical Health Operational Area Coordinator (MHOAC) for PPE, but as described above, two hospitals in the County are low on N95s and have been requesting those on a regular basis from the County. Pursuant to a recent order of the Health Officer, all hospitals in the County are now required to test patients for COVID-19. Hospitals are 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?

We do not know the exact number of essential workplaces in the county. We have provided guidance to all workplaces, including essential workplaces, to ensure employees and customers are adequately protected. Essential workplaces have access to key supplies like hand sanitizer, disinfectant and cleaning supplies, as well as relevant protective equipment. The County offers free testing for all essential workers, whether or not they are symptomatic. The Health Officer has also issued an order requiring all hospitals and large healthcare providers to test any patients, including essential workers, who are symptomatic. Essential workers in the County have access to the same quarantine and isolation support available to others in the County who need that support.

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?

There are industries in the county that deserve special consideration in terms of mitigating the risk of COVID-19 transmission, including both agriculture and manufacturing. The Health Officer orders and state/local guidance provide direction to these industries on reducing risk of transmission. There are also many industries in the county that make it more feasible to have a substantial portion of the County's population teleworking, including the many technology companies associated with Silicon Valley.

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?

The County has engaged key stakeholders throughout the County, including through several public forums. The County held two special hearings to get input from stakeholders about safe reopening and operation of numerous sectors. The June 5, 2020 hearing covered four areas: manufacturing, life sciences, grocery stores and other industries that are open or partially open; office workspaces; elementary schools, preschools, childcare facilities, and summer camps; and retail and restaurants. This meeting can be view here: , http://sccgov.igam2.com/Citizens/Detail_Meeting.aspx?ID=12771. The June 8, 2020 hearing focused on the safe reopening of faith-based institutions, transit and transportation, recreational and fitness facilities, arts and entertainment industries, hair, personal and pet care businesses, athletics and large events, the hotel industry, and licensed medical professions. This meeting can be viewed here: http://sccgov.igam2.com/Citizens/Detail_Meeting.aspx?ID=12772. The Board of Supervisors and San Jose City Council held a joint meeting on June 29th and the County and City of San Jose partner in a variety of ways, including piloting a meal delivery service to homeless encampments, and establishing a committee between the County, City of San José and partners to enhance coordination for services to the homeless. The County also hired an organization to engage the community and get input for inclusion in public policy and re-opening strategy. The organization facilitated one-on-one

interviews with stakeholders, held focus groups, and conducted a survey of the public, non-profit, business, labor, and public safety sectors. A report was presented to the Board on June 23, 2020 and can be seen here: http://sccgov.igam2.com/Citizens/Detail_Legifile.aspx?ID=101749.

The County has engaged cities in expanding local testing, including a drive through testing site in Mountain View, and contact tracing infrastructure, and has had representatives engage in substantial communication and collaboration with community based organizations, businesses, healthcare providers, law enforcement, and other local organizations and institutions. All of these will play a critical role in ensuring the safety of our communities, facilitating compliance with orders and protocols, developing additional containment infrastructure, and communicating with the public about what all members of our community must do to contain COVID-19. Our community engagement strategies have been specifically designed to reflect 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?
- 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?

Surrounding counties are generally experiencing increasing case rates, as is much of California. However, case rates in the Santa Clara County remain relatively low. Almost all counties in the Bay Area, and all but a few counties in California, have already increased the pace through Stage 2 and into Stage 3 of California's roadmap, as described in their own applications. The Bay Area health officers have been and remain in close communication about conditions in their respective jurisdictions and plans going forward. There is already significant regional travel within the Bay Area, and that travel impacts conditions in the County with respect to COVID-19. The County's ability to test, isolate, and contact trace is of course affected by this inter-county travel.

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

- Letter of support from the County Board of Supervisors
 - Attached.


- 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.
 - Attached.
- County Plan for moving through Stage 2
 - [Please see the County's risk reduction order at <https://www.sccgov.org/sites/covid19/Pages/order-health-officer-07-02-20.aspx>]

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

I Dr. Sara Cody, hereby attest that I am duly authorized to sign and act on behalf of the County of Santa Clara. I certify that the County of Santa Clara 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 the County of Santa Clara, 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 Sara H. Cody, MD

Signature 

Position/Title Health Officer and Public Health Director

Date 7/6/2020

Appendix A: PPE and Other Supplies Requested by Licensed SNFs in the Past 14 Days

Table: PPE and Other Supplies Requested by Licensed SNFs, June 16-29, 2020

	Quantities of Items Requested								
	Hand Sanitizer	Gowns	Hair covering	N95 Masks	Nitrile Gloves	Other Gloves	Shoe covers	Surgical masks	Wipes
A Grace				200					
Channing House	100	3254	100	360	10000				
Gilroy Healthcare and Rehabilitation		500		1000			500		
Hillview Convalescent Hospital									
Idylwood Care Center		200							
Manorcare Health Services		1700						500	
Mountain View Healthcare Center		500				2000		300	
Plum Tree Care Center		500	100	520		500	200	1000	
Saratoga Retirement Community		5000		2000					
Skyline Healthcare Center	775	1000		1000	1000			1000	250
The Redwoods Post Acute	5	1000		500	1000				
The Ridge Post Acute	2		100	200			100		5
The Terraces of Los Altos		450							
The Terraces of Los Gatos		30000							
White Blossom Care Center		2000							
Grand Total	882	46104	300	5580	12000	2500	800	2800	255

Appendix B: List of all Licensed SNFs in Santa Clara County

Organization Name	Organization Address	City	Zip	Main Phone #
A Grace Sub Acute & Skilled Care	1250 S. Winchester Blvd.	San Jose	95128	(408)241-3844 ext.136
Almaden Healthcare and Rehabilitation Center	2065 Los Gatos-Almaden Road	San Jose	95124	(408) 377-9275
Amberwood Gardens	1601 Petersen Ave.	San Jose	95129	408-253-7502
Camden PostAcute Care, Inc.	1331 Camden Ave	Campbell	95008	(408) 377-4030
Canyon Springs Post-Acute	180 N Jackson Ave	San Jose	95116	(408) 259-8700
Cedar Crest Nursing & Rehabilitation Center	797 E. Fremont Ave.	Sunnyvale	94087	408-738-4880
Channing House	850 Webster St	Palo Alto	94301	(650) 327-0950
Childrens Recovery Center	3777 S. Bascom Ave	San Jose	95008	(408) 558-3640
Courtyard Care Center	340 Northlake Dr	San Jose	95117	(408) 249-0344
Cupertino Healthcare and Wellness	22590 Voss Avenue	Cupertino	95014	(408)253-9034
Dycora/Golden Living	401 Ridge Vista Ave.	San Jose	95127	408-923-7232
Empress Care Center	1299 South Bascom Avenue	San Jose	95128	408-287-0616
Gilroy Healthcare and Rehabilitation Center	8170 Murray Avenue	Gilroy	95020	408-842-9311
Grant Cuesta Sub-Acute and Rehabilitation Center	1949 Grant Rd	Mountain View	94040	(650) 968-2990
Greenhills Manor	238 Virginia Ave	Campbell	95008	(408) 379-8114
Healthcare Center at the Forum at Rancho San Antonio	23600 Via Esplendor	Cupertino	95014	(650) 944-0200
Hillview Convalescent Hospital	530 W Dunne Ave	Morgan Hill	94037	(408) 779-3633

Idylwood	1002 west Fremont ave	Sunnyvale	94087	408-739-2383
Lincoln Glen Skilled Nursing	2671 Plummer Ave	San Jose	95125	(408) 265-3222
Los Altos Sub-Acute & Rehabilitation Center	809 Fremont Ave.	Los Altos	94024	(650) 941-5255
ManorCare Health Services	1150 Tilton Drive	Sunnyvale	94087	408-735-7200
Milpitas Care Center	120 Corning Ave	Milpitas	95035	(408) 262-0217
Mission de la Casa Nursing & Rehabilitation Center	2501 Alvin Avenue	San Jose	95121	(408)238-9751
Mission Skilled Nursing and Sub Acute Center	410 N Winchester Blvd	Santa Clara	95050	(408) 248-3736
Mountain View Healthcare Center	2530 Solace Pl	Mountain View	94040	(650) 961-6161
Pacific Hills Manor	370 Noble Court	Morgan hill	95037	408-779-7346
Palo Alto Sub-Acute & Rehabilitation Center	911 Bryant St	Palo Alto	94024	650-327-0511
Plum Tree Care Center	2580 Samaritan Drive	San Jose	95124	(408) 356-8181
Redwoods Post Acute/Willow Glen Center	1267 Meridian Avenue	San Jose	95125	(408) 265-4211
Ridge Post-Acute/Mt. Pleasant	1355 Clayton Rd	San Jose	95127	(408) 251-3070
San Jose Healthcare & Wellness Center	75 N. 13th Street	San Jose	95112	408-295-2665
San Tomas Convalescent Hospital	3580 Payne Ave	Saratoga	95117	(408) 248-7100
Saratoga Pediatric Subacute	13425 Sousa Lane	Saratoga	95070	408-340-1540
Saratoga Retirement Community Health Center	14500 Fruitvale Ave	San Jose	95070	(408) 741-7100
Silicon Valley Post Acute/Herman Health	2295 Plummer Ave	San Jose	95125	408 269-0701
Skyline Healthcare Center - San Jose	2065 Forest Ave	San Jose	95128	(408) 280-2500
Stonebrook Health and Rehabilitation	350 De Soto Dr	Los Gatos	95032	(408) 356-9151

Sunnyvale Post-Acute Center	1291 S Bernardo Ave	Sunnyvale	94087	(408) 245-8070
The Terraces at Los Altos Health Facility	373 Pine Ln	Los Altos	94022	(650) 948-8291
The Terraces of Los Gatos	800 Blossom Hill Rd	Los Gatos	95032	(408) 357-1100
Valley House Rehabilitation Center	991 Clyde Ave	Santa Clara	95054	(408) 988-7667
Vasona Creek Healthcare Center	16412 Los Gatos Blvd	Los Gatos	95032	(408) 356-2191
VI (VEE) at Palo Alto	600 Sand Hill Rd	Palo Alto	94304	(650) 853-5085
Villa Siena	1855 Miramonte Ave	Mountain View	94040	(650) 961-6484
Villas at Saratoga/Our Lady of Fatima	20400 Saratoga Los Gatos Road	Saratoga	95070	408-741-2950
Vista Manor Nursing Center	120 Jose Figueres Ave	San Jose	95116	(408) 272-1400
Webster House	437 Webster St	Palo Alto	94301	(650) 328-3300
White Blossom Care Center	1990 Fruitdale Ave.	San Jose	95128	408-998-8447
Woodlands Healthcare Center	14966 Terreno De Flores Ln	Los Gatos	95032	(408) 356-8136

CINDY CHAVEZ
PRESIDENT, BOARD OF SUPERVISORS
SUPERVISOR, SECOND DISTRICT
COUNTY OF SANTA CLARA



COUNTY GOVERNMENT CENTER, EAST WING
70 WEST HEDDING STREET, 10TH FLOOR
SAN JOSE, CALIFORNIA 95110
TEL: (408) 299-5020
cindy.chavez@bos.sccgov.org • www.supervisorchavez.com

July 2, 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

Re: Letter of Support for County of Santa Clara Variance Application

Dear Dr. Angell:

We submit this letter in support of the County of Santa Clara's application for a variance under the State of California's Resilience Roadmap. This letter is submitted on behalf of the County's Board of Supervisors.

The County's Health Officer, Dr. Sara Cody, led the nation in initiating the first shelter-in-place order and has demonstrated extraordinary leadership in protecting the health and safety of our residents during this pandemic. Even though we are very concerned to see the significant rise in cases and hospitalizations throughout the State, we understand that the State's framework requires counties to obtain a variance to move forward with any plan different from the State's "early Phase Two" structure. We are confident that Dr. Cody will exercise good judgment in charting a prudent course for controlling the virus while allowing members of the public to proceed with certain critical activities with appropriate restrictions in place. Our County has in place sufficient testing, case investigation and contact tracing, and hospital capacity as well as the appropriate protections are in place for vulnerable populations.

Thank you for your consideration of the County's application and for your leadership during these unprecedented times.

Sincerely,

Cindy Chavez
President, Santa Clara County Board of Supervisors

GO PUBLIC!



Hospital Administration
751 South Bascom Avenue
San Jose, CA 95128
Tel: 408-885-4010
Fax: 408-793-1817
scvmc.org

July 2, 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

Re: Letter of Support for County of Santa Clara Variance Application

Dear Dr. Angell:

I submit this letter in support of the County of Santa Clara's application for a variance under the State of California's Resilience Roadmap. This letter is submitted on behalf of the County of Santa Clara's Hospitals and Clinics.

All hospitals and clinics in the County have worked in close partnership with the County's Health Officer, Dr. Sara Cody, and leadership in our Emergency Operations Center to protect the health and safety of our residents during this pandemic. We are concerned to see the significant rise in cases and hospitalizations throughout the State, and believe that a cautious, measured approach is what is needed statewide. We understand that the State's framework requires counties to obtain a variance to move forward with any plan different from the State's "early Phase Two" structure, and we know that Dr. Cody will ensure that the safety and capacity of our healthcare delivery system is a top priority in charting the course forward as the pandemic continues.

Thank you for your consideration of the County's application and for your leadership during these unprecedented times.

Sincerely,

DocuSigned by:

47ECF3A78343489...

Paul E. Lorenz, CEO

Santa Clara Valley Medical Center