



COVID-19

City Response and Community Resiliency & Recovery

Presented to City Council
City Council "A" Session
May 28, 2020

City of San Antonio COVID-19 Resiliency & Recovery Plan

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COVID-19 Community Recovery and Resiliency Plan



City Council Special Meeting
May 28, 2020

Presented by: Colleen M. Bridger, MPH, PhD, Assistant City Manager

Presentation Overview

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Review

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Funding**

03

Next Steps

Guiding Principles

Public Health and Safety

- Ensure continued COVID-19 related public health and safety while building resilience and fostering economic stability for households, nonprofits and businesses.

Equity

- Imbed equity in policy decisions and distribution of resources.

Braided Funding

- Appropriately integrate local, state and federal resources to achieve maximum impact.

Community Resilience

- Ensure households and businesses affected by COVID-19 have the resources and tools to become financially resilient and better prepared to withstand future economic challenges.

Well-Being

- Strengthen generational family well-being built upon a solid foundation of thriving non-profit organizations.

Recovery & Resilience Matrix

Each strategy addresses multiple pillars:

- Workforce Development
- Small Business Support
- Digital Divide
- Housing Security

COVID-19 Recovery & Resilience Plan	Workforce Development	Small Business Support	Digital Divide	Housing Security
Provide Temporary Child Care Support for Working Families*	✓	✓		✓
Provide Workforce Training and Support Services with focus on high demand jobs <ul style="list-style-type: none"> • Financial and tuition support • Job placement support • Work-based and On-the-job training • Case Management 	✓	✓		✓
Provide Direct Cash Assistance and Peer Support to Families through Expansion of the Family Independence Initiative Up Together Investment	✓		✓	✓
Create a Fair-housing Counseling and Family Resource Center to provide: <ul style="list-style-type: none"> • Housing counseling services for renters and homeowners • Minor repair and renovation • Down payment assistance • Right to counsel • PLACE Program • Notice of tenant's rights* • Housing Rental and Mortgage Assistance 				✓
Create virtual and place-based Financial Recovery and Resilience Hub for Residents <ul style="list-style-type: none"> • Benefits Enrollment • Asset Protection • Technology Assistance • Asset Building 	✓	✓	✓	✓
Connect Residents to Low Cost Financial Products <ul style="list-style-type: none"> • San Antonio Bank On Initiative • Tax Refund anticipation loan 	✓			✓

Workforce Development

Total: \$80 Million



Workforce Training and Support Services with focus on high demand jobs (10,000 people)

\$70 million

By September 2021:

- **8,000** comprehensive wraparound support, case management and career navigation services
- **500** referred to high school equivalency preparation courses
- **500** referred to subsidized on-the-job training with local employers
- **7,500** referred to short-term training programs and **1,500** referred to long-term training programs



Temporary Child Care Support for Working Families (4,000 Children)

\$10 million

- By **November 2020**, provide 3 months of child care to allow parents to pursue training and/or workforce opportunities



Family Independence Initiative Up Together Investment (1,000 Families)

\$4 million

- By **August 2020**: Families will begin participation in the UpTogether Program, receiving stabilizing financial support while seeking to increase their income long-term
- By **September 2022**:
 - Average increase in monthly income will be 27% with a 36% decrease in use of subsidy programs (ex: TANF, SNAP, etc.)
 - The average amount of savings built will be \$1,000



Fair-housing Counseling and Family Resource Center to provide (10,000 Residents)

\$27,874,216

By **December 2020**:

- Provide at least **10,000** residents with rental and mortgage assistance and connection to other COVID-19-related resources



Virtual and place-based Financial Recovery and Resilience Hub for Residents (6,500 Residents)

\$4 million

- By **December 2020**, 6,500 residents will access financial recovery counseling services
- By **June 2021**, total household debt of clients will be reduced by \$4.9 million



Connect Residents to Low Cost Financial Products (500 – 700 Residents)

\$120,000

- By **December 2020**, 500 residents will open certified BankOn bank accounts with financial institutions
- By **April 15, 2021**, \$250,000 in refund anticipation loans will be issued to 200 families,

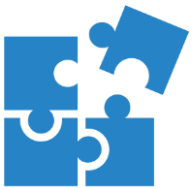


Door-to-door engagement with hard-to-reach families to connect them to resources (30,000 residents)

\$500,000

By **December 2020**:

- **75%** of identified households within identified service area will receive face to face outreach services
- **80%** of households receiving door to door outreach services will receive a referral for recovery and resilience services; and **80%** will complete an application for services



Digital Referral Platform for Joint Case Management (75,000 – 100,000 residents)

\$1.5 million

By **July 2021**:

- Case Management System and Referral Platform will be implemented with a minimum of 70 contracted agency partners
- **95%** of families/individuals will receive two or more referrals for wraparound services
- **90%** of families/individuals will be jointly case managed by one or more agencies



Homeless shelter options with services (500 residents)

\$9,238,000

By July 2020 up to 500 homeless prioritized for permanent housing from the Haven for Hope campus, Salvation Army, GI Forum, or assessed through the Hotline will transition to a hotel to provide more capacity at the shelter locations.

By **December 2020**:

- The City will lease **310 rooms** and serve **500 homeless** including services while waiting for housing.
- Once transitioned, housing teams will assess **100% of residents** and identify transitional/permanent housing for **70% of hotel clients**.
- **85%** of homeless who are rapidly re-housed will maintain housing for 6 months.

Expand domestic violence prevention and intervention strategies (400+ families):

Domestic Violence Prevention

- By **December 2020**, the campaign will generate at least 2 Million media impressions and at least 400 families will have enrolled
- By **May 2021**, provide at least 1,000 therapy sessions to students experiencing violence in the home as facilitated through partnerships with Communities in School and UHS

Domestic Violence High Risk Team

- By **June 2021**, the team will provide case management services to 400 high risk families

Domestic Violence and COVID Community Survey

- By **October 2020**, preliminary findings of the prevalence of domestic violence and changes in incidence in response to COVID will be shared

\$3.3 million





Virtual and place-based Financial Recovery and Resilience Hub for Small Businesses

By **December 2020:**

- Increase the number of small businesses served and programming by 25%
- 75% of businesses served by the hub will demonstrate increase knowledge of financial practices promoting business resiliency
- 10% of businesses engaged with the hub will hire/rehire employees

\$200,000



Door-to-door engagement with hard-to-reach micro businesses to connect them to resources (5,000 Businesses)

By **December 2020:**

- 75% of businesses engaged will report an increase in awareness of business support organizations, resources, and financial practices promoting business resiliency
- 50% of businesses engaged will connect with business support organizations
- 25% of businesses engaged will hire/rehire employees

\$1.3 million

Small Business Support

Total: \$33,100,000

Micro Business Support (1,000 Businesses)

Grants range from \$10,000 - \$75,000 based on number of employees

\$27 million

By **December 2020:**

- **50%** of businesses receiving grants will hire/rehire employees

By **September 2020:**

- **100%** of grants will be disbursed to eligible businesses
- **75%** of businesses receiving grants will demonstrate increased knowledge of financial practices that promote business resiliency



For Virtual Hub, Door-to-Door, and Micro Business Support:

2020 net annual revenues for businesses receiving grants will be at least 50% of 2019 net annual revenues

2021 net annual revenues for businesses receiving grants will be at least 75% of 2019 net annual revenues

Arts Support

By December 2020 provide 2.6 million to local arts-related small businesses

\$2.6 million

Protective Equipment & Sanitizer

By December 2020 provide 6,000 PPE Boxes to local businesses

\$2 million



Distance learning in-home internet access to students K-12 and college (50 Neighborhoods)

\$27,047,546

By **September 2021**

- Core Infrastructure and Fiber Connections - Use existing municipal broadband fiber to connect local schools to students
- Network Access and Wireless Mesh - Use existing municipal assets to provide wireless coverage in three phases (create a private network for students)
- Evaluate new solutions for wireless connecting students at home

Create COSA Recovery Portal

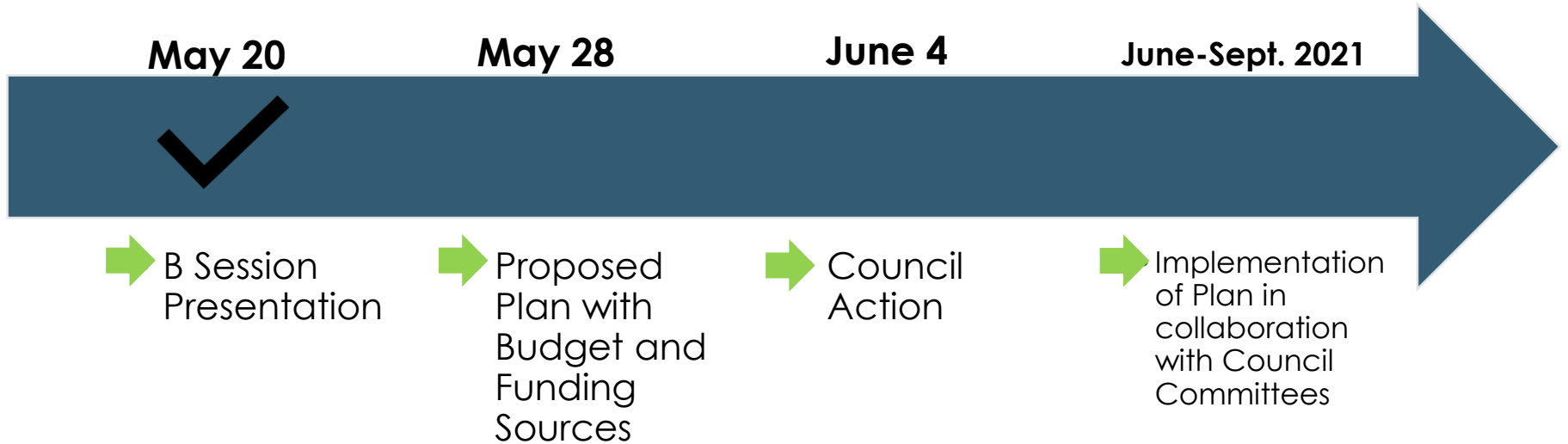
\$250,000

By **September 2021**

- Develop Prototype Recovery Portal of information for San Antonio residents and business
- This user centered design process will update roughly 150 webpages for the community
- Updates and modifications based on user feedback as the COSA Recovery Portal is completed



Recommended Timeline



COVID-19

City Response and Community Resiliency & Recovery



City Council “A” Session
May 28, 2020

Presented by: María Villagómez, Deputy City Manager

FY 2020 & FY 2021 Budget Framework

**Determine
Cost of
Ongoing
Response**

**Manage
Fiscal
Challenges**

**Assess
Impact of
City
Services**

**Assist in
Community
Recovery**

Federal Funding Sources Available

\$347 Million

Grant Amount in Millions

Coronavirus Relief Fund	\$270
Airport	51.0
Child Care Services	18.1
Community Services Development	7.7
Emergency Solutions	3.9
Public Health	3.5

Grant Amount in Millions

Community Services Block	2.9
Byrne Justice Assistance	2.3
Head Start	1.3
Senior Nutrition	0.4
EMS Relief Fund	0.39
Financial Empowerment	0.08

Other Federal Resources Forthcoming

- Community Development Block Grant (CDBG)
- Community Service Block Grant (CSBG)
- Assistance to Fire Fighters
- Federal Emergency Management Agency (FEMA)
 - Cost Share 75% (Federal) 25% Local

Cost of Ongoing Response

Eligible Payroll
Expenses

**\$114.6
Million**

Watch Expand
Assure Plan

**\$54.5
Million**

City PPE and
Supplies

**\$20.7
Million**

Community Resiliency & Recovery Plan

\$190.9 Million

**Workforce
Development
\$80 Million**

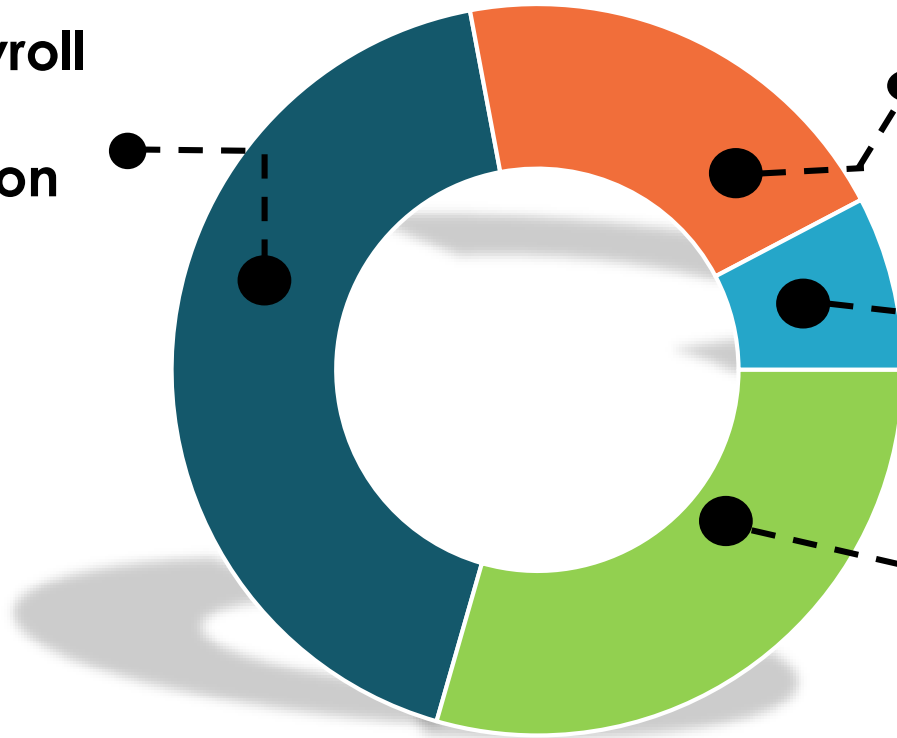
**Housing Security
\$50.5 Million**

**Small Business
\$33.1 Million**

**Digital Inclusion
\$27.3 Million**

Coronavirus Relief Fund: \$270 Million

**Eligible Payroll
expenses
\$114.6 Million**



**Watch Expand Assure
Plan
\$54.5 Million**

**Protective Equipment
& Supplies
\$ 20.7Million**

**Community
Resiliency &
Recovery
\$79.2 Million**

City Response & Community Resiliency Plan

Source (\$ in Millions)	City's Eligible Payroll Expenses	City's PPE & Supplies	Watch Expand Assure Plan	Workforce Development	Housing Security	Small Business	Digital Inclusion	Total
Corona Virus Relief Fund	\$114.6	\$20.7	\$54.5	\$ 2.7	\$43.4	\$33.1		\$270.0
Other Federal Grants				\$10.0	\$7.01			\$17.0
General Fund				\$67.3			\$27.3	\$94.6
Total	\$114.6	\$20.7	\$54.5	\$80.0	\$50.5	\$33.1	\$27.3	

COVID-19

City Response and Community Resiliency & Recovery



City Council “A” Session
May 28, 2020

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City of San Antonio

COVID-19 City Ongoing Response

	Payroll Eligible Expenses	Watch Expand Assure Plan	City PPE, Supplies and Equipment	Total
Payroll Eligible Expenses				
Fire Department: Personnel Cost associated with medical calls (Estimate: 10K calls per month; 100K calls for the 10-month period of March to December 2020)	\$ 96,034,664		\$	96,034,664
Health Department Payroll Cost of Employees Substantially Dedicated to COVID-19 Response	8,090,982			8,090,982
Police Department Payroll Cost of Employees Substantially Dedicated to COVID-19 Response	4,578,942			4,578,942
Other City Departments: Payroll Cost of Employees Substantially Dedicated to COVID-19 Response and cost of Redeployed Employees	5,925,785			5,925,785
Health Implementation Plan				
Fire Equipment and Supplies				
MIH Medications		75,628		75,628
MIH Equipment		918,954		918,954
Testing Mobile Unit and Equipment		2,159,000		2,159,000
Equipment for Existing Fire and EMS Vehicles		4,598,881		4,598,881
Protective Personnel Equipment		1,854,770		1,854,770
Decontamination Equipment		32,799		32,799
MIH Personnel Cost and Inventory Management		5,115,000		5,115,000
Fire Medical Staff				
Assistant Medical Director & Infectious Control Nurse		226,498		226,498
HEALTH DEPARTMENT				
Project Management		1,035,977		1,035,977
Testing		29,416,682		29,416,682
Education & Enforcement		114,631		114,631
COVID Hotline		472,874		472,874
Media Relations & Communications		549,668		549,668
Community Health & Prevention		282,701		282,701
Data Management		771,079		771,079
Case Investigations		2,369,361		2,369,361
Contact Tracing		2,175,000		2,175,000
Congregate Setting		916,806		916,806
Provider Hotline		57,882		57,882
Provider Relations		175,560		175,560
PHEP Support		133,724		133,724
Research		1,000,000		1,000,000
SUPPLIES & EQUIPMENT				
Supplies already purchased			10,712,962	10,712,962
Supplies to be purchased includes PPE, Cleaning Supplies, and Other			11,000,000	11,000,000
Total	\$ 114,630,373	\$ 54,453,473	\$ 21,712,962	\$ 190,796,808

WATCH EXPAND ASSURE

Operationalizing the COVID-19
Health Transition Plan

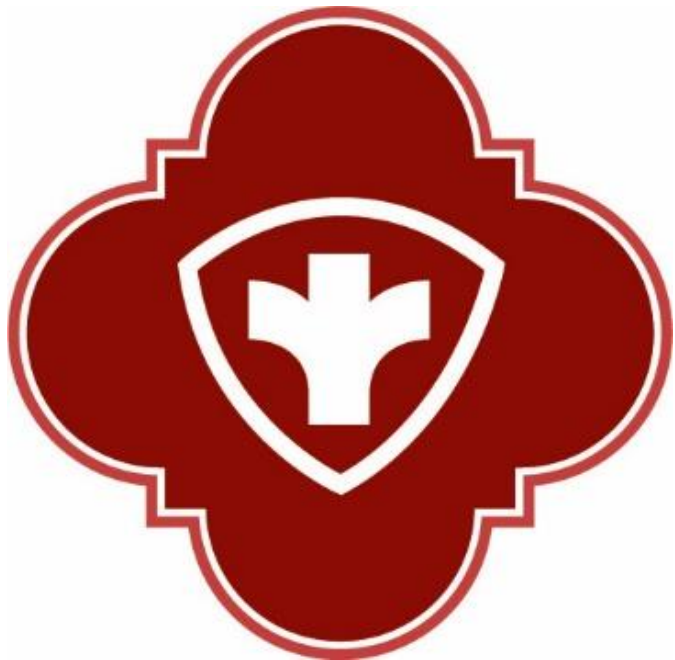


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Executive Summary

This COVID-19 WATCH, EXPAND and ASSURE Plan builds on the Health Transition Team's (HTT) Guidance and Metro Health's Respiratory Virus Plan, current efforts, and the broad participation of experts from many fields. Implementing it will require strong leadership and collaboration across the County and suburban cities, the State and Federal government, and from businesses, nonprofits, universities, community groups, and individuals.

The plan is built to provide the indicators behind decision making, the actions proposed to expand capacity and ability to analyze, and the plans for assuring the general public that the decisions made are backed up by the data analyzed.

WATCH

The Testing Task Force was first convened by Metro Health to bring together laboratories, hospital systems, health care providers, community based clinics, and representatives from the Emergency Operations Center to assess the testing capacity for COVID-19 in San Antonio and Bexar County. The Testing Task Force is comprised of organizations conducting both COVID-19 specimen collection and laboratories processing those specimens.

In this plan, this task force will broaden to be a central body where all stakeholders and agencies involved in COVID-19 testing and contact tracing are communicating regularly and have the ability to adjust and make changes to the response as needed. As San Antonio transitions to the next phase of the response, so does the task force name, now called the Testing and Tracing Task Force. This task force will pivot to provide critical guidance and oversight to all aspects of the public health response through five working groups (Indicator Monitoring, Testing, Contact Tracing, Enforcement & Education, and Policy & Health Alerts).

The HTT Guidance laid out a formula of both progress and warning indicators. The City of San Antonio has developed three (3) major public dashboards that provide comprehensive up-to-date information on key indicators relevant to understanding, tracking, monitoring, and responding to COVID-19 in the City and County. These include a surveillance dashboard, a key indicators dashboard, and a self-screening and hotline calls dashboard. These dashboards serve as an important resource to communicate pertinent COVID-19 information to the larger community in a transparent, easy-to-understand, and visually appealing manner. They also provide information through an equity lens, allowing us to identify and thereby target locations and subpopulations that are most vulnerable to and most impacted by COVID-19. Finally, they provide an accurate timeline and assessment of COVID-19 transmission and disease burden. As the epidemic evolves and the city moves towards re-opening, the key indicators dashboard will display and highlight our progress and warning indicators. It will be a critical tool in the efforts to act promptly and accordingly on any given day, so that another major wave of outbreak is prevented and that our health system does not become incapacitated.

EXPAND

Based on current knowledge of the epidemic, testing for active infection should be expanded to a capacity of over 3,000 tests per day, which is twice the current testing capacity (as of report release).

This capacity projection is based on the population of Bexar County and derived from Governor Abbott's estimate that appropriate testing capacity for the state is 30,000 tests per day and aligns with population based estimates from the Harvard Global Health Institute.¹

Actions planned toward increasing capacity in testing include:

1. Recruitment of additional laboratories processing tests
2. Encouragement of testing for people in marginalized communities through outreach and education
3. Study of asymptomatic transmission
4. Expansion of the number of testing sites offering the test for free
5. Universal screening and testing in congregate settings

In partnership with Metro Health, the San Antonio Fire Department (SAFD)s Mobile Integrated Health (MIH) unit has played a significant role in protecting the health care and first responder workforce, increasing local testing capacity and capabilities, and enhancing the COVID-19 response and will continue to play such a role in the continued expansion plans.

COVID-19 has a number of characteristics that make it more difficult than other diseases to trace and that require even more rapid case and contact identification and tracing. First, because COVID-19 can be transmitted before people have symptoms, in order to prevent transmission from exposed contacts, these contacts must be identified and quarantined immediately after the case with whom they have had contact is identified. Second, there are no effective treatments for COVID-19, which makes cooperation between public health officials and cases and contacts all the more important. Third, COVID-19 can cause large outbreaks quickly, so even one missed case can significantly undermine control efforts.

In preparation for this effort, plans are being made to:

1. Ensure that the contact tracing meets all standards to maintain Public Health Accreditation
2. Provide support for persons who must isolate or quarantine
3. Establish a comprehensive data integration system for identification and management of positive cases to assist with case investigation
4. Sustain current COVID-19 work by producing a staffing plan which will redirect health workforce back to prioritized services.

ASSURE

The Economic Transition Team (ETT) lent a business perspective to the HTT Guidance to reopen the local economy. Their campaign ***Greater. SAfer. Together*** aims to instill community confidence through ensuring the protection of the health and safety of both employees and customers. They have also recommended a comprehensive marketing campaign to get the message into the community.

Additional continuing education and outreach programs include:

1. Public Health Emergency Order enforcement (includes education, warnings, and citations if needed)
2. Community Health & Prevention Team outreach
3. Hotline & Email response for the community

TIMELINE

The funding sources supporting these efforts run through December 2020 and March 2021. Over the next 10 months, Metro Health, in collaboration with community partners, will continue on an accelerated timeline to execute the COVID-19 WATCH, EXPAND, and ASSURE Plan. Some of the plan activities have been implemented and will continue through the end of the grants. Other projects and activities need to be executed from scratch, starting with hiring temporary staff and or outsourcing services. Other projects, such as the asymptomatic transmission research study, will help to inform subsequent efforts. The comprehensive approach outlined in this plan is necessary to successfully contain and mitigate the impact of COVID-19 on our community.

BUDGET AND PERSONNEL

To support the COVID-19 WATCH, EXPAND and ASSURE Plan, the City will utilize Federal Funds available through the CARES Coronavirus Relief Fund and through the FEMA Public Assistance Program. Existing staff within the Metro Health Department and the San Antonio Fire Department will support this plan.

1. OVERVIEW

Metro Health’s COVID-19 WATCH, EXPAND and ASSURE Plan lays out the precise steps necessary to enact robust testing, tracing, and COVID-19 surveillance across the City and County.² Implementing these steps with an equity lens, with strong partnerships, and an effective communication and outreach strategy further strengthens this plan. Starting with monitoring the epidemic as our community gradually re-opens³, we will progressively expand daily testing and contact tracing, while we continue to educate the public about social distancing and Stay Home Stay Safe public health emergency orders.

WATCH

MONITOR THE EPIDEMIC AS OUR COMMUNITY GRADUALLY RE-OPENS

Testing, contact tracing, quarantining and isolation are our way out of this crisis. The City of San Antonio and Bexar County must mount a sustainable strategy with increased testing and contact tracing and stay the course for as long as it takes. To monitor the effects of re-opening the City of San Antonio and Bexar County, specific progress and warning indicators as outlined in the Health Transition Team’s report will be collected and analyzed. These metrics provide early signs of changes in community transmission of COVID-19 or variations in stress on the

EXPAND

PROGRESSIVELY EXPAND DAILY TESTING AND CONTACT TRACING

healthcare system. Our community continues to need increased education about how to protect themselves, improved access to testing for COVID-19, and an expansion of our existing public health capacity for contact tracing and follow up.

This COVID-19 WATCH, EXPAND and ASSURE Plan builds on the Health Transition Team’s (HTT) Guidance and Metro Health’s Respiratory Virus Plan, current efforts, and the broad participation of experts from many fields. Implementing it will require strong leadership and collaboration across the government sectors, businesses, nonprofits, universities, community groups, and individuals.

ASSURE

EDUCATE THE PUBLIC, ENFORCE THE EMERGENCY ORDERS, AND ENSURE TESTING AND CONTACT TRACING CAPACITY

2. HEALTH TRANSITION TEAM

The COVID-19 HTT was appointed by Mayor Ron Nirenberg and County Judge Nelson Wolff to provide guidance toward reopening. It was made up of a group of health experts, including infectious disease physicians, hospital leaders, epidemiologists, ethicists, and public health experts. It included representation from Metro Health, University Health System, UT Health, and other local institutions.

The purpose of the COVID-19 HTT was to assist the leadership in the City of San Antonio and Bexar County as they formulated plans to re-open our community. This guidance was based on existing

public health evidence, data, and expertise, and informed by shared values, including a commitment to equity and service to the community.

The COVID-19 HTT members included Barbara Taylor, MD, MS; Dawn Emerick, MPA, Ed.D; Junda Woo, MD, MPH; Bryan J. Alsip, MD, MPH, FACPM; Ruth Berggren, MD; Caroline C. DeWitt, MD; Michele Durham, M.Ed.; Rita Espinoza, DrPH(c), MPH; Zan Gibbs, MPH; Kenneth R. Kemp, MD; Jason Morrow, MD, PhD, FAAPM; Thomas F. Patterson, MD; Amelie G. Ramirez, DrPH; and Cherise Rohr-Allegrini, PhD, MPH. The liaisons were Councilwoman Ana Sandoval, MPH, Commissioner Justin Rodriguez and Sharon Ong'uti, MD, MPH. Erin Nichols and Amanda Reyna were the support team. In addition, there was a group of advisors that worked with the COVID-19 HTT.

3. EQUITY

The City of San Antonio and Metro Health will prioritize implementing community practices that protect populations who are medically at risk or marginalized by inequitable systems and structures. The health and economic inequities that already existed in our community are intensified and pronounced by the COVID-19 pandemic and greatly impact these marginalized communities. The marginalized communities include communities of color (Latinx/Hispanic, Black/African American, Indigenous and Native, Asian/Pacific Islander, etc.), migrants and asylum seekers of color, low-income communities including housing insecure and homeless individuals, people with disabilities, imprisoned individuals, and LGBTQIA+ communities.^{4, 5} This is an intersectional strategy that attempts to reach all who are at highest risk. We use the term marginalized populations to explicitly refer to the communities most at risk due to systems and structures of oppression.

4. COVID-19 TASK FORCE

The COVID-19 Testing Task Force was first convened by Metro Health on March 18, 2020 to bring together laboratories, hospital systems, health care providers, community based clinics, and representatives from the Emergency Operations Center to assess the testing capacity for COVID-19 in San Antonio and Bexar County. The COVID-19 Testing Task Force was comprised of 16 healthcare sector organizations conducting COVID-19 specimen collection within Bexar County, and 16 laboratories conducting COVID-19 testing.

The COVID-19 Testing Task Force established the following five priorities:

- 1) Increase community testing with faster throughput;
- 2) Continuously evaluate testing criteria to meet community needs;
- 3) Increase health care provider education and engagement in testing;
- 4) Establish a self-screening website as a touch point for the community; and
- 5) Address barriers to testing within vulnerable populations.

In order to quickly contain and control COVID-19, we need to know who is infected. The COVID-19 Testing Task Force will broaden its role to provide oversight and coordination of all health sector partners involved in the monitoring progress and warning indicators, specimen collection and laboratory testing for COVID-19, ensuring adequate case investigations for all positive cases to identify their contacts, develop local policy and health alerts as well as coordinate education and enforcement activities.

This broader COVID-19 Task Force will be the central body where all stakeholders and agencies involved in COVID-19 response are communicating regularly and thus can quickly adjust and make changes to the response as needed.

COVID-19 Task Force Workgroups:

As San Antonio transitions to the next phase of the response, the COVID-19 Task Force will provide critical guidance and oversight to all aspects of the public health response through the following five working groups:

- Indicator Monitoring
- Testing and Lab
- Contact Tracing
- Enforcement & Education
- Policy & Health Alerts

The COVID-19 Task Force will be chaired by Dr. Barbara Taylor who, with the Metro Health Director, Dr. Dawn Emerick will serve as a liaison to the City and County leadership. Each working group will be made up of health experts from a variety of local organizations and sectors based on the nature of the work. Each working group will be Co-Chaired by a Metro Health team member and a community partner. Working groups will meet every other week and will focus on the following respective priorities.

WATCH:

- **Indicator Monitoring Workgroup**

This workgroup closely monitors key public health signs to share with local and state policy makers and develop community education and communication strategies to help either slow or stop the spread of COVID-19.

EXPAND:

- **Testing and Lab Reporting Workgroup**– This working group will monitor all specimen collection and lab testing activities to ensure accurate testing capacity as well as expand testing across the community with specific emphasis on populations who are medically at risk or communities marginalized by inequitable systems and structures

Accomplishments to date:

- Developed and launched the online COVID-19 Self Screening tool
- Established definitions for COVID-19 specimen collection and laboratory testing
- Established guidance on minimum PPE for specimen collection by providers in a clinic setting
- Increased the number of local laboratories conducting testing
- Identified local clinics, hospitals, and other locations for specimen collection and processing
- Developed and maintained daily cumulative data reports from all laboratories (both public and private) for Bexar County
- Established partnerships with HEB, Wal-Mart and Texas MedClinic to expand free testing

- **Contact Tracing Workgroup**– This working group will ensure that San Antonio has the appropriate number of trained contact tracers available to properly investigate all positive COVID-19 cases, and that contact tracing activities remain in place as long as necessary.

ASSURE:

- **Enforcement and Education Workgroup**

This workgroup will educate businesses on the importance of adhering to the City, County and State Public Health Emergency Orders. In addition to providing resources to businesses, this workgroup also focuses their COVID-19 prevention and testing education efforts in San Antonio’s marginalized communities. Metro Health will also continue to share critical information through the COVID-19 hotline and email, the Community Health & Prevention Team, social media and traditional media platforms.

- **Policy and Health Alerts**

This work group encourages public health professionals, health care providers, laboratories, and other stakeholders to suggest policies and regulations that align with CDC guidance, and provides stakeholder input for health alerts, position statements and testing criteria.

5. WATCH

Re-opening businesses and other sectors of the economy will increase the risk of COVID-19 transmission in our community. To monitor the effects of re-opening the City of San Antonio and Bexar County, specific indicators will be collected and analyzed. These metrics provide early recognition of changes in community transmission of COVID-19 or variations in stress on the healthcare system and change over time as the epidemic evolves and other data become available.

The City of San Antonio has developed three (3) public dashboards⁶ that provide comprehensive, up-to-date information on key indicators relevant to understanding, tracking, monitoring, and responding to COVID-19 in the City and County. These include 1) a Surveillance Dashboard, 2) a Key Indicators Dashboard, and 3) a Self-Screening & Hotline Calls Dashboard. These dashboards serve as a resource to communicate pertinent COVID-19 information to the larger community in a transparent, easy-to-understand, and visually appealing manner. They also provide equity-related information, allowing us to identify and target locations and subpopulations that are most vulnerable to and affected by COVID-19. Finally, they provide an accurate timeline and assessment of COVID-19 transmission and disease burden.

The Key Indicators dashboard will display and highlight our progress and warning indicators (described further below). Thus, it will be a critical tool in our efforts to act promptly and communicate effectively so that we decrease the risk of another major outbreak wave and prevents our health system from becoming incapacitated. This is especially urgent for low-income and marginalized communities who are negatively affected by multiple social determinants of health, including people with disabilities; workers who do not have the option of staying home; people experiencing homelessness and those who lack access to affordable, safe, and healthy housing; people of color; immigrants, asylees, and refugees; and others who face increased risk of neglect or mistreatment by government authorities. Fortunately, there are actions the city of San Antonio and

Bexar County can take immediately to support the ability of low-income and marginalized communities to safely shelter in place.

The dashboards will be expanded with new sources of data and information, and if necessary, additional internal-facing dashboards will be established to display more detailed information for decision-making.

Progress Indicators

As policy makers at the state phase in the reopening of businesses, schools, community venues, and other sectors of the economy, city and county policy makers will need to evaluate the risk of someone becoming infected with SARS-CoV-2, the virus that causes COVID-19, across many settings. Explanation of indicators described in Appendix 3.

The **progress indicators**⁷ reflective of an effective community response to COVID-19 include:

1. A sustained decline in the number of new cases of COVID-19 ≥ 14 days
2. The ability to perform tests for the virus in all people with symptoms of COVID-19, their close contacts, and those in public facing roles
3. Effective contact tracing capacity to identify all close contacts of people diagnosed with COVID-19 and offer testing to those for whom it is indicated
4. A prepared healthcare system that can safely care for all patients, including sufficient hospital capacity, workforce, and PPE for healthcare workers



Warning Indicators

There is a need for continued monitoring of the epidemic as our community gradually re-opens. The **warning indicators**⁷ as signs that increased public health safety measures may be needed include:

1. A decrease in the number of days it takes for the number of COVID-19 cases in our community to double (doubling time)
2. An increase in the percentage of COVID-19 tests suggestive of active infection that are positive for COVID-19

3. An increase in indicators of health system stress, such as reductions in personal protective equipment, hospital bed, or ventilator capacity, and increases in emergency medical system calls

6. EXPAND

Testing Capacity

Local testing capacity for both active and asymptomatic infections has already exceeded the recommended 3,000 tests per day. This 3,000 tests per day is based on the population of Bexar County and derived from Governor Abbott’s estimate that appropriate testing capacity for the state is 30,000 tests per day, and aligns with population based estimates from the Harvard Global Health Institute. A combination of expanding access points, expanding the testing criteria to include both symptomatic and asymptomatic residents, as well as universal testing in congregate settings has already advanced us toward exceeding this recommendation by more than 1,000 additional tests per day. It is likely that other laboratory testing capacity from private laboratories will supplement testing capacity to ensure everyone who needs a test can get a test with results returned within 48 hours.

CDC continues to study the spread and effects of the novel coronavirus across the United States. We know from recent studies that a significant portion of individuals with coronavirus lack symptoms (“asymptomatic”) and that even those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms. The latest research suggests the possibility that people who are asymptomatic or pre-symptomatic play a significant role in transmission of COVID-19. Increasing our testing capacity will help us gain a clearer understanding of prevalence of SARS-CoV-2 in the community, and how the virus spreads. Public health leaders, health care providers and individuals can make informed decisions about policies and the use of time and resources to slow the spread of the virus and minimize its impacts.

Assess the Community

Metro Health will develop and distribute a community survey asking the general public to participate, regardless of whether they are reporting symptoms or not, to give us an idea of how many people are experiencing symptoms at one time – a true cross-sectional survey. The goal is to issue the survey every two weeks for three months and use the information collected to help guide our public health response

COVID-19 Self –Screening Website

The City of San Antonio’s COVID-19 Self-Screening Website is an online tool for the public to determine if they should seek testing for COVID-19. The online assessment instructs individuals to complete a series of questions regarding their current symptoms, travel history and risk factors, such as age, for susceptibility to COVID-19. Once completed, the website provides a recommendation for the individual to seek testing for COVID-19 or to continue to self-monitor their symptoms. If the result of the assessment is to seek testing, the website provides information on

community resources for the individual to obtain additional screening for illness and to schedule a test as necessary.

The self-screening website launched on March 23, 2020. During the beginning of April, the logic of the assessment was amended to loosen the testing criteria and encourage more testing in those with symptoms. Although the number of individuals who receive a recommendation to seek testing remains greater than those who receive a recommendation to self-monitor, the traffic to the website steadily declined over the month of April. Metro Health will continue to promote the COVID-19 Self-Screening Website through social media, paid advertisements, and robocalls to drive the public to the website.

Conduct a Study to Determine the Prevalence of Asymptomatic Infections

Since testing demand has fallen and generally, individuals with symptoms have been tested, the rate of infection in Bexar County is unknown. This Asymptomatic study objective is to determine the prevalence of asymptomatic infections among adults in Bexar County. Plans to assess asymptomatic transmission through an innovative public health/academic partnership with San Antonio Fire Department's Mobile Integrated Healthcare Unit (MIH), University of Texas Health, University Health System, and Metro Health are underway. The first level of random sampling will be a probability sample of households within each City Council District. The second level will sample one participant within each household. The total number of households sampled will be 500. Eligible consented adults from the selected household will be randomly selected to be included in the study sample.

Expand Testing Sites

With input from the Testing and Tracing Task Force, Metro Health will work to expand existing COVID-19 testing sites available within the City of San Antonio and Bexar County. Additionally, testing sites will prioritize testing for asymptomatic, vulnerable persons who are disproportionately affected by adverse COVID-19 outcomes and who have underlying health conditions.

Testing sites for the general public can be categorized into the following four categories:

- 1) Free public drive-thru sites coordinated by the San Antonio Emergency Operations Center
- 2) Free public drive-thru sites coordinated by outside entities
- 3) fee-based testing through urgent care clinics, private physicians' offices and emergency facilities and
- 4) Free "walk up" sites coordinated by Metro Health in partnership with SAFD-MIH located near neighborhoods with limited transportation. The walk-up sites will rotate across the city and are reserved for those residents who cannot utilize existing drive-through testing sites.

Conduct Universal Screening and Testing in Congregate Settings for both Symptomatic and Asymptomatic Individuals

The SAFD-MIH has mobilized teams to provide immediate screening and testing for persons living and working in congregate settings such as nursing homes, skilled nursing facilities, assisted living facilities, shelters for homeless, street homeless, and people with End Stage Renal Disease (ESRD). In early May, Governor Abbott announced the Texas Health and Human Services Commission, the Texas Division of Emergency Management and the Texas Department of State Health Services would

work with local fire departments and public health departments to test every nursing home resident and staff across the state. Here in Bexar County, San Antonio's MIH team is collaborating with Metro Health to test, investigate and monitor every nursing home resident and employee at 64 nursing homes located in Bexar County. These teams will soon expand to provide COVID-19 testing in assisted living facilities, homes for the disabled and our homeless population.

In partnership with Bexar County Sherriff's Office and University Health System (UHS), SAFD-MIH has been testing Bexar County Sherriff Officers, UHS staff, Bexar County administrative staff and inmates at the Bexar County Jail. UHS will continue testing at the jail until all the inmates are tested and MIH will assist as needed. These inmates released from jail before their monitoring period is complete are handed off to Metro Health for monitoring. Positive cases are followed through recovery, with guidance to contact us if new concerns emerge. Monitoring ends when 10 days have passed since the onset of symptoms, and the person has no fever for 72 hours without the use of fever-reducing medicines. People without stable housing may stay in an Isolation Care Facility.

Protecting the Workforce

The SAFD will continue to provide the appropriate personal protective equipment to the personnel of the SAFD. SAFD will act as the centralized Department responsible for the purchasing, storage, and distribution of PPE for pandemic type responses City-wide. Centralization of these services will require warehouse space, staff, a distribution network with vehicles, equipment, and the PPE itself.

Annual fit testing for negative pressure respirators, including N95 respirators, is required by OSHA. These requirements have been waived thus far for the COVID-19 response, but it is understood that these requirements will be re-implemented and enforced in the future. For the COVID-19 response, the Department has added a new piece of equipment, Air Purifying Respirators (APR), to protect our personnel which will also require fit testing. Fit testing not only requires special equipment to ensure a proper seal on the respirator, but also requires a physical assessment since the inhalation process for the user is more difficult when wearing these devices. To ensure the Department is in compliance with these practices, space for the equipment and fit testing, as well as an enhancement of the current Wellness Physical Exam currently performed by the SAFD Wellness Division are needed.

Decontamination of equipment, vehicles, and work locations has also been a need identified to protect our workforce. In reality, one of the most important factors to limiting the spread of any disease is proper sanitation and sterilization practices. During the initial phases of the response, the Department established decontamination sites in the city, while working in conjunction with regional EMS providers. These sites exist to decontaminate EMS and fire units after the transport of COVID-19 patients to the hospital. They are labor intensive and while they have been extremely successful, they are not sustainable. Decontamination equipment has been purchased for all fire stations and police agencies County-wide. This new equipment will ensure all locations have the opportunity to deeply sanitize work locations and response units without the labor requirement of specific decontamination sites. All work locations will receive cleaning solutions for use on a daily basis to ensure a safe environment for responders and persons that interact with them.

Testing Capacity and Capability

Testing of many different people in many different settings has been a complex operation that the SAFD MIH team in conjunction with Metro Health has worked to accomplish. This relationship allows Metro Health to assess equitable access to testing using the staffing, logistical, and medical capabilities of SAFD. SAFD MIH working with the Texas Emergency Medical Task Force – 8 (EMTF-8), the Texas Department of State Health Services and the Texas State Operations Center, has emerged as a leader in the State for training resources, assisting with regional deployments and coordination of assets. In the State, the SAFD MIH team and these resources have literally “written the book” on large scale testing incidents. In order to maintain commitments locally, regionally, and State-wide, several needs have been identified.

Currently, the SAFD MIH teams are operating at these large scale testing incidents using “make shift” equipment that was put together in an effort to streamline the efficiency of these operations. It is clear that to continue to respond to these types of incidents, appropriate resources and staffing need to be procured. Large cargo trailers with showers pulled with towing vehicles will provide the necessary carrying payload for all equipment needed at the sites, as well as provide for quarters for those working at the sites. The quarters will provide a place for testing staff to decontaminate by taking a shower, and a climate-controlled, clean location for meals and breaks. Several of these units are needed to provide for equitably distributed testing sites in the area, as well as, for emergency testing responses that may take place out of the area.

These testing sites will be staffed with SAFD MIH personnel with the specialized training to operate at these incidents. This part of the expansion of the MIH program will focus on the pre-diagnosis functions associated with the COVID-19 response. These teams are able to respond on a large scale to any suspected “hot spot” location for assessment and testing purposes. Telemedicine, through physicians contracted by the SAFD through UT Health, is utilized for specialty cases. The capacity of laboratories running the tests has been an ongoing issue with the testing process. To alleviate this issue, the SAFD has requested the funding for the procurement of Abbot Testing systems to utilize at large-scale testing locations. This equipment will not only enhance the testing capacity in the area, it will speed the reporting of results for those being tested. These capabilities will allow the SAFD to assist Metro Health in providing large-scale testing to the residents of our city, as well as, act as a good partner to regional and State agencies. The SAFD has been training and assisting other agencies State-wide on these types of incidents and will continue to do so through this pandemic.

Enhancing the Response

The SAFD responds to the emergency medical needs of the residents and visitors to the City of San Antonio. The possibility of increasing cases of COVID-19 need to be considered for future planning and purchases. The lessons learned from the SAFD Infectious Disease Response Unit (IDRU) during the response for US citizens returning to the US from Wuhan, China, and lessons learned from the outbreak in New York City need to be assessed and integrated into our planning for the future. These lessons include the need for IDRU trained individuals, the recognized increases in cardiac and respiratory arrests in areas with an outbreak of COVID-19, the importance of efficiency methods to reduce the needed resources at an incident, and the need to use technology for communication and large scale training during the outbreak.

SAFD EMS units, though well stocked for normal operations, would be taxed in the event of an outbreak of a disease such as COVID-19. The amount of resources needed at cardiac and respiratory arrests could be reduced with the purchase of ventilators for each EMS unit. These systems replace a person on these responses that could be utilized at other incidents. In addition, the use of capnography and 12-lead cardiac monitoring is key in the identification of respiratory and cardiac compromise by Paramedics. The purchase of 12-lead monitors for SAFD apparatus, of which over 80% are staffed with a paramedic, will increase efficiency on scene and allow Paramedics the ability to provide care at a faster rate to COVID-19 compromised patients. Intubation, which is a dangerous procedure for Paramedics to perform on patients with infectious disease due to the close proximity that Paramedics must get to the patient's face, is required for patients in respiratory compromise. To ensure the safety of responders in this situation and retain their ability to perform procedures, video laryngoscopes are needed. These units will be placed on all fire and EMS primary response vehicles. Portable ultrasound units that can assist Paramedics assess the collection of fluid in a patient's lungs or abdomen are also needed. The collection of this fluid in patients is indicative of certain illnesses to include COVID-19 and this confirmation tool is essential in that assessment.

We have seen firsthand how the role of the Office of the Medical Director can play a vital role in the response to COVID-19. Many patients, who are unable to be seen by their own physicians, turn to SAFD EMS as their primary care providers. Additionally, this Office is responsible for monitoring and contacting SAFD and SAPD personnel that have been affected by this virus. Their guidance and knowledge have been vital in the recovery of our personnel, as well as in the development of policies to enhance the safety of the response. In order to continue this same level of service, SAFD recommends the addition of an Assistant Medical Director to provide relief. Since the beginning of the COVID response, the exposure potential of our personnel has increased greatly. The responsibility of tracking these exposures and working with the dozens of medical facilities in the area belongs to the Department's Infection Control Nurse. The Infection Control Nurse requires additional personnel to continue to provide the same level of service. All personnel from the Office of the Medical Director, including the Infection Control Nurse, are contracted through UT-Health.

Technology has expanded capabilities of businesses worldwide during this time of pandemic, and the Fire Department is no exception. The Department has successfully used telemedicine during visits with Metro Health to the homes of travelers returning from China when they were evaluated for signs and symptoms of COVID-19. This technology allowed physicians to assess these travelers prior and during their control order in an effort to isolate the traveler from the general public. The role of telemedicine has expanded as we proceed into a future of uncertainty. There is a need in the SAFD to provide this level of service from Fire Suppression personnel on the scene of medical incidents. This service will require the purchase of phones that are capable of telemedicine services for every Fire Department response unit. These phones will also be used to contact the Office of the Medical Director through recorded lines for direction on scene when video is not needed or available. Technology can also play a vital role in the training of personnel when congregating at training facilities is not possible. Continuing Education is vital to personnel certifications. Providing this education in a safe setting has been problematic and could be solved to a large extent with the use of technology. Also, the COVID-19 response has required special

procedures and equipment to provide a safe level of service to our patients. Training classes in the future will be performed remotely to ensure the safety of personnel and speed the training process. Virtual classrooms and Department provided devices for students is essential in the future response to COVID-19 or other pandemics. In addition, Fire Department video production capabilities will be enhanced to produce high quality training materials in the future. Improving the equipment will add efficiency and quality to video products and increase the production capacity of personnel.

Additional MIH response teams will be added to provide extended care for post-diagnosis patients that have been released from the hospital. These teams utilize special skills and equipment in an effort to keep patients at home rather than in a hospital where they may occupy vital bed capacity. I-stat machines will give MIH medics the capability to test lab samples at a person's residence which enables the medic to evaluate the patient at a higher level. These additional MIH personnel will be staffed as 24-hour response personnel.

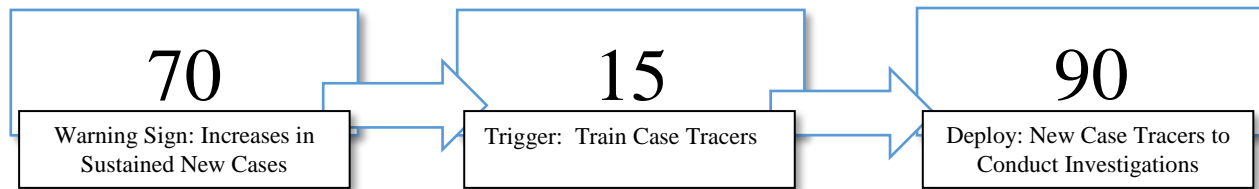
Case Investigation And Contact Tracing Capacity

State, territorial, and local public health agencies in the United States have existing capacity to conduct contact tracing for infectious diseases as a core public health function, but this capacity is sufficient only to respond to isolated outbreaks or individual cases of infectious diseases. Tuberculosis and syphilis are examples of diseases for which case identification and contact tracing are used in the United States to reduce infectious disease spread. In these systems, once a case is confirmed, public health staff identify each of the case's contacts and then alert them to their exposure. In both examples, infected individuals receive treatment, and contacts are offered behavior change messages, screening, and treatment, if required. Typically, the timeline for identifying contacts to prevent onward spread is weeks.

COVID-19 has a number of characteristics that make it more difficult than other diseases to trace and that require even more rapid case and contact identification and tracing. First, because COVID-19 can be transmitted before people have symptoms, in order to prevent onward transmission from exposed contacts, these contacts must be identified and quarantined immediately after the case with whom they have had contact is identified. Second, there are no proven effective treatments for COVID-19, which makes cooperation between public health officials and cases and contacts all the more important. Third, COVID-19 can cause large outbreaks quickly, so even one missed case can significantly undermine control efforts.

Recruit and Train Sufficient Contact Tracers

SARS-CoV-2, which causes COVID-19 can be transmitted before people have symptoms. These contacts must be identified and quarantined immediately after the case is confirmed. These investigators' efforts will be prioritized by starting with a case investigation of people with COVID-19 positives in marginalized communities. With the growing number of COVID-19 cases and limited access to testing, the Center for Health Security estimates Bexar County would need at least 175 contact tracers over the next four months.^{1,9}



Rather than hire and train all 175 case tracers all at once, Metro Health will contract with a community organization to recruit, train and deploy case tracers for the City of San Antonio and Bexar County. The contracted entity will utilize a 70-15-90 rule as new positive cases increase over a period of time. Based on Metro Health’s current productivity and capacity for launching and conducting COVID-19 investigations, the contracted entity will initiate the hiring and training of 15 case tracers at the point of sustained 70 new COVID-19 positive cases in a day. This benchmark of new cases serves as a warning for increasing contact tracing capacity. Newly hired and trained contact tracers will be deployed to Metro Health once 90 cases in a day is reached.

COVID-19 Contact Tracing Checklists

In November of 2019, Metro Health achieved national accreditation status through the Public Health Accreditation Board (PHAB). In ensure health departments maintain rigorous national quality standards, PHAB recently released a COVID-19 Contact Tracing Checklist for local health departments to use to plan the expansion of their contact tracing programs to be responsive to the COVID-19 pandemic.¹⁰⁻¹² The Checklists itemize key elements of a COVID-19 contact tracing program. The items included in these checklists are important elements and the checklist can be used to track if they are in place or under development and who on staff has the lead role.

Two checklists entitled Program Development and Infrastructure (See Appendix 3) that will be used by Metro Health and contracted entity to guide elements of a COVID-19 contact tracing program as we prepare to increase testing and as we develop a more robust contact tracing program.

Support For Persons Who Must Isolate Or Quarantine

People who came into contact with infected people and may have been infected themselves are the leading edge of the pandemic. We must provide them with wraparound services so they can quarantine at home for two weeks and keep the virus from spreading to others. Although some people can easily stay home and work or attend school remotely, others will require special supports, including temporary housing.

Currently, the City of San Antonio/Bexar County Unified Command COVID-19 Response has one Isolation Care Facility located at La Quinta Hotel [Market Square 900 Dolorosa, San Antonio, TX, 78205]. Other hotel facilities are under contract with the City of San Antonio on an on-call basis. The current La Quinta has 88 rooms available and can expand occupancy up to 127 rooms if needed. The rooms can be used by individuals falling into any of the three categories below:

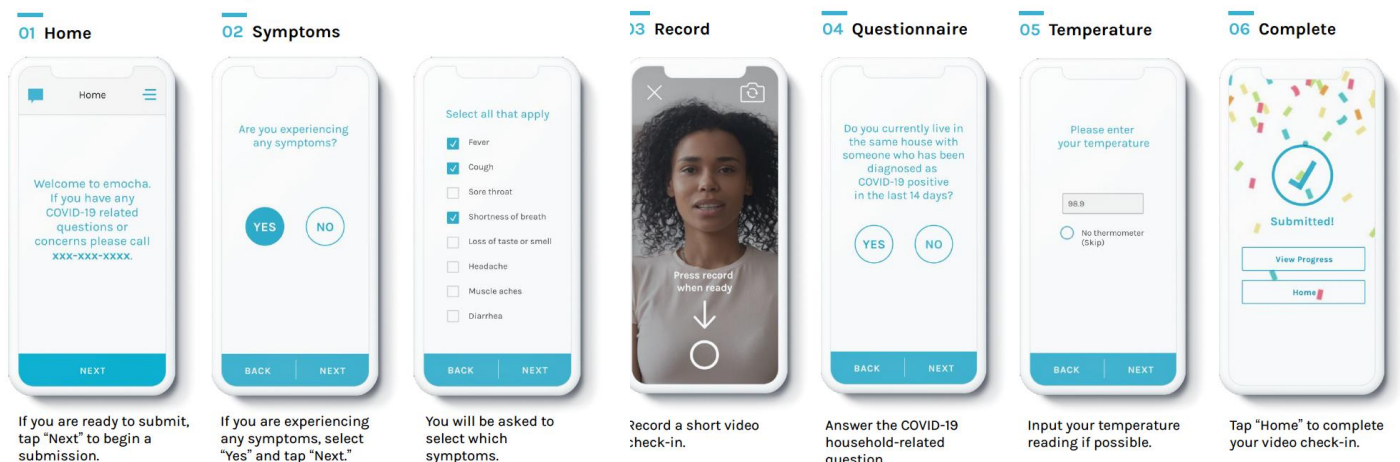
- Category 1: Tested positive for COVID-19 and does not require hospitalization but needs isolation. This includes those discharged from hospitals but without the means to isolate at home.

- Category 2: Exposed to COVID-19 with signs and symptoms pending a COVID-19 test result, not requiring hospitalization, and needing to be quarantined.
- Category 3: Asymptomatic high-risk individuals needing social distancing as a precautionary measure, such as people 50 and older, or with one or more of the following health conditions: blood disorder, chronic kidney disease, dialysis recipient, chronic liver disease, lung disease, or a compromised immune system, for example, because of an organ or bone transplant, use of high-dose corticosteroids or other immunosuppressing medications, HIV/AIDS and endocrine disorders.

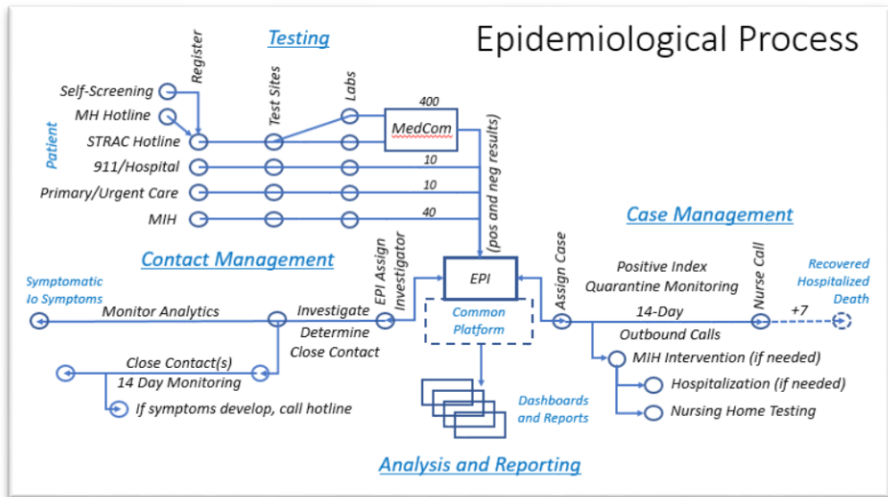
Individuals can gain access to the hotel facility by notifying 311, who will triage to determine the isolation need of Category 1 and 2, or triage to the Department of Human Services to identify the need of Category 3. Once an individual has been identified, the San Antonio Fire Department Isolation Care Facility Manager will be notified at 210-778-9067 from 7:00 AM – 7:00 PM.

Data Integration:

Metro Health and the City’s Information Technology Services Department (ITSD) are contracting with emocha, a mobile health company, to provide a patient-facing application through a patient mobile application that allows all COVID-19 positive patients and exposed close contacts that have the technical capability to do so, to daily self-monitor and report symptoms. The Patient Mobile App allows patients to record and submit videos and report symptoms. Patients can also track their progress and send messages to Metro Health or to emocha consultants who will provide Data Monitoring services. Installation of a web-based dashboard will allow Metro Health epidemiology staff to live monitor all COVID-19 positive patients and exposed individuals using the emocha patient-facing application. The Provider-Facing Dashboard is a web-based software platform that allows Metro Health to enable patient access to the Patient Mobile App, review and track their patient’s submitted videos and health data, and access reports. Metro Health can use the dashboard to send messages to patients which they access through the Patient Mobile App. Metro Health can access analytics and reports through the dashboard.



Metro Health and Southwest Texas Regional Advisory Council (STRAC) have developed a comprehensive system to identify and manage cases for persons who test positive for COVID-19. The system will capture positive cases through hospitals, clinics, and laboratories connected within the STRAC network and will allow the ability to upload cases reported directly to the health department. This will enable our Metro Health staff to perform investigations on positive COVID-19 index cases and conduct outreach to persons who have had contact with these individuals and may be at risk of exposure to the virus.



Metro Health will also participate in the State of Texas' new app built on the Salesforce platform called

Texas Health Trace for contact tracing of people who test positive for COVID-19. This new tool will serve as the system of record for the State and both State and local health entities will be required to ensure contact tracing efforts are documented in this system. The Department of State Health Services (DSHS) will work with local entities to integrate local data collection efforts into this system.

7. ASSURE

Communications and Outreach

Communication is an ongoing activity for any organization that provides services to the community. The purpose, audience, message, and channels may change, but the need to maintain relationships with the media and with key people in the community is critical.

With the assistance and support from the City of San Antonio's Government and Public Affairs Department and Metro Health's Public Relations Manager and Marketing Coordinator, a multi-media advertisement campaign and traditional media relations will be used to raise the awareness of COVID-19 safety and alerts. Metro Health is committed to developing marketing material in a manner that is easy to read and understand while also offering both the official language and the language(s) of the population(s) we're hoping to reach and by providing translation for spoken or broadcast messages.

COVID-19 Hotline

The City of San Antonio COVID-19 Hotline staff, who are primarily Metro Health employees, have responded to over 20,000 calls and 3,000 emails on topics ranging from city closures to where to get tested. The calls on the COVID-19 Hotline have provided valuable information on how our community is doing and what they are most concerned about when it comes to COVID-19 and the impact it has had on San Antonio. Averaging 500 calls a day, the hotline is supported by 30 on-site staff and 15 offsite staff who troubleshoot new questions, respond to emails, and update hotline

materials several times a day. Each shift brings new challenges, and new opportunities to help residents solve a problem they've never faced. The insight from these calls generated guidance to provide the support needed by the community. Feedback from San Antonio residents will continue to guide the services the City develops. Metro Health will consider contracting with a local community partner who specializes in call centers to staff and manage these critical community services.

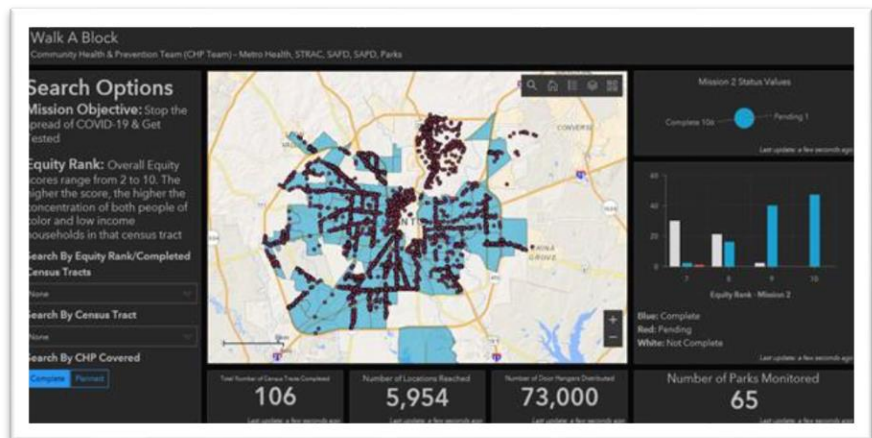
Provider Education

Metro Health reaches out to healthcare providers through a COVID-19 Clinician Ambassador, a nurse practitioner, who provides education about testing criteria and the Centers for Disease Control and Prevention (CDC) guidance. The Clinician Ambassador coordinates a regular Tele-Town Hall for providers that attracts nearly 700 listeners each week; pushes out Health Advisories through professional societies and a text alert service called DocAlert; and coordinates on-site visits and technical assistance to nursing homes and other congregate settings by a Public Health Nursing Supervisor. Metro Health will continue to communicate with health care providers to provide updates on COVID-19 by increasing the healthcare provider enrollment to DocAlert.

Community Education and Prevention

COVID-19 Community Health and Prevention Team: As part of the COVID-19 public health response activities, the Emergency Operations Center created a Community Health & Prevention (CHP) Team to provide COVID-19 health and testing information in communities with marginalized populations.

The CHP team is led by Metro Health and the South TX Regional Advisory Council (STRAC) and includes SAFD, SAPD, Department of Human Services (DHS), Parks & Recreation, Neighborhood and Housing Services Department (NHSD), and the Economic Development Department (EDD). The CHP Team also



includes the City's Immigration Liaison, the Office of Equity and Metro Health's Equity Manager. The CHP Team uses the City's Office of Equity's Atlas Map and focuses on census tracts with the highest overall equity score. Census tracts with an overall equity score of 10 are those with the highest number of residents with low incomes and populations of color.

The CHP Team shares COVID-19 health and testing information with businesses, apartment complexes, restaurants, faith based and non-profit organizations, clinics and residents in marginalized communities. To support the outreach and education efforts, the CHP team members utilize mobile technology. This includes the Zaizala App for instant field communications across teams and Zoom for morning team briefings. Recently, Metro Health worked with the City's Office

of Innovation and the IT Services Department (ITSD) to create an ArcGIS Explorer mobile App and a CHP Team, Public Dashboard. The Explorer mobile App allows the CHP team members in the field to track their work completed and share data with other teams in real-time. The information from the Explorer mobile App is automatically displayed on the CHP Team, Public Dashboard and shared with stakeholders, City and County leaders and residents.

From April 1st to May 2nd, the CHP team members canvassed 106 census tracts in marginalized communities across San Antonio, visited over 5,900 locations and monitored 65 local parks. The CHP Communications Team coordinated the delivery of 73,000 door hangers to residents. The CHP Team is currently coordinating a face covering initiative. San Antonio businesses have donated over 16,900 face coverings for residents in need.

Enforcement

Mayor Nirenberg and Judge Wolff assembled the Health Transition Team (HTT) to lend a public health perspective to the Economic Transition Team (ETT) plans to reopen the local economy. The following **Greater. Safer. Together.** pledge (in accordance with Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services (DSHS) guidance) aims to protect the health and safety of employees and customers and instill community confidence. Metro Health with the Development Services Department, Economic Development Department, San Antonio Fire Department, and the San Antonio Police Department will continue to educate large and small businesses on the importance of adhering to the City, County and State Public Health Emergency Orders.

Policy and Health Alerts

Metro Health prepares the community, hospital and clinical providers to respond to emerging health threats and public health emergencies by communicating relevant, timely information or developing local policies related to disease outbreaks, disasters, terrorism events, and other important health alerts. It's the local public health authority's role to assure the dissemination of evidence-based health information, develop communication strategies that support health risk reduction opportunities, guide the delivery of services like COVID-19 testing criteria, warnings regarding anti-body testing and new COVID-19 signs and symptoms.

COVID-19 Research

Metro Health supports collaborative efforts that involve scientific researchers across multiple disciplines and community members as equal partners to address conditions disproportionately affecting marginalized communities. Metro Health will grant \$1,000,000 of CARES Act Funding to invest in legacy research projects such as:

- COVID-19 Community-Partnered Participatory Research (CPPR)
- Evaluation of existing COVID-19 interventions
- Population Epidemiology Research

BUDGET AND PERSONNEL

To support the COVID-19 WATCH, EXPAND and ASSURE Plan, the City will utilize Federal Funds available through the CARES Coronavirus Relief Fund and through the FEMA Public Assistance Program. Existing staff within the Metro Health Department and the San Antonio Fire Department will support this plan.

The table below depicts a summary of the Budget developed by Metro Health and the San Antonio Fire Department to support this Plan. These expenses are not included in the City's FY 2020 Budget and represent the additional funding needed to implement the plan.

WATCH EXPAND and ASSURE BUDGET	
Metro Health	
Testing	\$29,416,682
Education, Media Relations, Data Management	1,435,378
Contact Tracing	2,175,000
Case Investigations	2,369,361
COVID and Provider Hotline, and Provider Relations	706,316
Project Management	1,035,977
Research	1,000,000
Congregate Setting	916,806
PHEP Support	133,724
Community Health & Prevention	282,701
Subtotal Metro Health	\$39,471,944
San Antonio Fire Department	
Equipment (MIH, Fire, EMS)	5,517,835
Protective Personnel Equipment	1,854,770
Decontamination Equipment & Medications	108,426
Assistant Medical Director & Infectious Control Nurse	226,498
Testing Mobile Unit and Equipment	2,159,000
MIH Personnel Cost and Inventory Management	5,115,000
Subtotal San Antonio Fire Department	\$14,981,529
Total Budget	\$54,453,473

9. PROJECT TIMELINE

WATCH, EXPAND, and ASSURE Work Plan

EXPAND

1: Assess the community through the COVID-19 Self-Screening Website and a community survey to inform testing expansion by March 2021.				
1.1 Objective: Metro Health will promote the COVID-19 Self-screening Website twice a week, through social media and robo-calls until March 2021.				
Activity	Outputs/Outcomes	Measures	Responsible	Timeline
Create social media mentions and utilize robo-calls to promote the COVID-19 self-screening website.	Self-screening website promoted 2 x/week; increased traffic to website	# weekly social media posts/mentions; # weekly robo-calls	Testing & Tracing Task Force Testing & Lab Reporting Workgroup Co-Chair; Metro Health-Claryssa Cortez	May 2020 – March 2021
1.2 Objective: Metro Health will administer a community survey, every two-weeks, for a total of three months and analyze findings by August 2020.				
Activity	Outputs/Outcomes	Measures	Responsible	Timeline
Survey the community regarding COVID-19 testing every (2) weeks for (3) months.	Survey released every (2) weeks to the public for (3) months; data analysis; report of findings	# times survey released; data analysis completed; final report document published	Testing & Tracing Task Force Testing & Lab Reporting Workgroup Co-Chair; Metro Health Claryssa Cortez	May 2020 – Aug 2020
2: Increase testing capacity to 3,000 tests daily by expanding testing to include both symptomatic and asymptomatic residents, offering universal screening and testing and expanding testing sites by March 2021.				
2.1 Objective: Metro Health will conduct an innovative public health/academic study to assess the rates of asymptomatic infections, describe the demographic characteristics of asymptomatic infections, and the risk of transmission by this segment of positive cases by July 2020.				
Activity	Outputs/Outcomes	Measures	Responsible	Timeline
Conduct a research study on asymptomatic transmission to include testing 385 randomly selected households.	IRB proposal; test 385 random households; data analysis; report of findings	IRB proposal submitted and approved; random households identified; specimens collected; data analysis complete; final report document published	Testing & Tracing Task Force Testing & Lab Reporting Workgroup Co-Chair; Metro Health-Claryssa Cortez and Dr. Anita Kurian; UT Health; UHS; SAFD-MIH	May 2020 – July 2020

2: Increase testing capacity to 3,000 tests daily by expanding testing to include both symptomatic and asymptomatic residents, offering universal screening and testing and expanding testing sites by March 2021.

2.2 Objective: MIH will offer universal screening and testing to 100% of the people living and/or working in all targeted nursing homes, assisted living facilities, shelters for people experiencing homelessness and End Stage Renal Disease (ESRD) facilities by March 2021.

Activity	Outputs/Outcomes	Measures	Responsible	Timeline
Conduct universal screening for COVID-19 at congregate settings on both symptomatic and asymptomatic residents and staff and testing as necessary.	100% screening of residents and staff at congregate setting and ESRD facilities and testing as necessary	# and list of nursing homes, assisted living facilities, shelters for people experiencing homelessness and ESRD facilities; 100% screening and testing as necessary at each facility	Testing & Tracing Task Force Testing & Lab Reporting Workgroup Co-Chair; Metro Health-Claryssa Cortez and Dr. Junda Woo; SAFD-MIH	May 2020 – March 2021

2.3 Objective: Metro Health and MIH will complete 15 separate, walk-up testing sites throughout the city for residents who cannot utilize existing drive-through testing sites by March 2021.

Activity	Outputs/Outcomes	Measures	Responsible	Timeline
Offer no-cost COVID-19 testing via Walk Up Mobile Unit testing sites in marginalized neighborhoods.	Walk-up testing offered at 15 locations across the city; increased access to testing in marginalized communities	# walk-up testing site locations; # walk-up testing site events; # specimens collected per event	Testing & Tracing Task Force Testing & Lab Reporting Workgroup Co-Chair; Metro Health-Claryssa Cortez and Carlos Rodriguez	May 2020 – March 2021

3: Expand contact tracing of confirmed COVID-19 cases in Bexar County by March 2021.

3.1 Objective: Metro Health will utilize a 70-15-90 rule to recruit, train and deploy 175 case tracers as new positive cases increase over a period of time beginning on June 1, 2020.

Activity	Outputs/Outcomes	Measures	Responsible	Timeline
Recruit and train COVID-19 case tracers for deployment to conduct contact tracing.	175 case tracers, recruited, trained and ready for deployment	# case tracers recruited # case tracers trained # case tracers available to conduct contact tracing	Testing & Tracing Task Force Contact Tracing Workgroup Co-Chair; Metro Health-Dr. Peter Stranges	June 2020 – March 2021

3: Expand contact tracing of confirmed COVID-19 cases in Bexar County by March 2021.

3.2 Objective: Metro Health and ITSD will complete a 30-day pilot with emocha mobile health technology to monitor positive patients and contact daily for signs and symptoms by June 30, 2020.

Activity	Outputs/Outcomes	Measures	Responsible	Timeline
Implement 30-day COVID-19 patient monitoring pilot project with emocha mobile health technology.	30-day pilot project completed; successful daily monitoring of enrolled patients' and contacts' signs and symptoms	# patients enrolled # patients that self-monitored signs and symptoms daily	Testing & Tracing Task Force Contact Tracing Workgroup Co-Chair; Metro Health-Dr. Peter Stranges	May 2020 – June 2020

ASSURE

4: By March 2021, educate the community, providers, and businesses on COVID-19 and enforce the Mayor's COVID-19 Emergency Declaration Orders.

4.1 Objective: The City's Development Services Department, with the inclusion and cooperation of team members including Metro Health, Center City Development, and SAPD will respond to 100% of all complaints received by the City's enforcement team by December 31, 2020.

Activity	Outputs/Outcomes	Measures	Responsible	Timeline
Implement complaint-based enforcement of the Mayor's COVID-19 Emergency Declaration Orders.	100% of all complaints regarding Emergency Declaration responded to by enforcement team	# complaints received # complaints responded to # warnings administered # citations given	Testing & Tracing Task Force Enforcement & Education Workgroup Co-Chair; Metro Health-Wendell Hardin and Jerry Trevino, Development Services Department (Code Enforcement), SAPD	June 2020 – December 2020

4: By March 2021, educate the community, providers, and businesses on COVID-19 and enforce the Mayor’s COVID-19 Emergency Declaration Orders.

4.2 Objective: The multi-agency, Community Health & Prevention Team will canvas neighborhoods, twice a week, to educate and promote testing locations, starting with census tracts with the highest number of residents of color and low income until March 2021.

Activity	Outputs/Outcomes	Measures	Responsible	Timeline
Conduct targeted outreach and education through community/neighborhood canvassing.	Community/neighborhood canvassing 2 x / week; Community outreach and education; promotion of no-cost community testing sites; informed community members	# of CH&P Team deployments / week # and list of neighborhoods served List of census tracks targeted	Testing & Tracing Task Force Enforcement & Education Workgroup Co-Chair; Metro Health- Wendell Hardin and Jerry Trevino	May 2020-March 2021

4.3 Objective: Metro Health’s COVID-19 Community Hotline will answer and provide critical information to over 45,000 residents by December 31, 2020.

Activity	Outputs/Outcomes	Measures	Responsible	Timeline
Answer community members’ questions and provide information regarding COVID-19 and Mayor and Judge’s Public Health Emergency Orders.	45,000 residents served through the Community Hotline; Community education; Informed community members	# residents served by the COVID-19 Community Hotline	Testing & Tracing Task Force Enforcement & Education Workgroup Co-Chair; Metro Health- Wendell Hardin, Jerry Trevino, and Jenny Hixon	May 2020 – December 2020

4.4 Objective: Metro Health’s Health Authority will provide 20 TeleTown Hall education sessions by December 31, 2020.

Activity	Outputs/Outcomes	Measures	Responsible	Timeline
Conduct provider outreach and education through TeleTown Hall webinars.	20 TeleTown Hall provider education sessions held; Provider outreach and education; informed provider community	# TeleTown Hall sessions # Provider attendees	Testing & Tracing Task Force Enforcement & Education Workgroup Co-Chair; Metro Health- Wendell Hardin and Jerry Trevino, and Dr. Junda Woo	May 2020 – December 2020

Appendix

Appendix 1: Tables

Table 1 Specimen collection capacity data

Table 1 represents the specimen collection capacity data that has been shared with Metro Health at this point in the response and indicates a daily specimen collection capacity of approximately 1,660.

Table 1: Specimen Collection for COVID-19 Testing				
Testing Site Name	Sample Collection Volume	Maximum Sample Collection Volume	Population sampled	Lab Used for analysis
Pre-registered testing at Freeman Coliseum	Avg of 300 last 7 days total (all populations sampled)	350 per day (+ UHS and Metro Health capacity)	General Population HCW and first responders Congregate setting exposures	CPL UHS Metro Health Lab
Pre-registered testing site at Texas MedClinic SW Military	N/A – haven't started collecting at this site	50 per day	Uninsured general population	CPL
Wal-Mart testing site at W Military Highway and Loop 410	N/A – haven't started collecting at this site	150-200 per day	General population	eTrueNorth

Texas MedClinic (13 local locations)	Approximately 50 per week per clinic (Bexar County)	Approximately 550-600 full kits on hand (Bexar County) 200 per day	Insured general population and self-pay	Quest Diagnostics
Alamo City Urgent Care (2 local locations)	5-7 per location	35-40 per location	Insured general population and self-pay	LabCorp Quest Diagnostics Convergent Labs
UHS/UT Health System	Approximately 70 per day	240 total (assuming based on lab capacity) Collection by UHS, Freeman, UT Health	Current patients, including those hospitalized and in urgent care	UHS lab
CommuniCare		50	High priority patients, such as with URI	Quest Diagnostics
Geneus Diagnostics*	25 per day	25 per day	General population with physician's order	Own diagnostic lab
Methodist Health System	10-15 per day	100 per day	Own patient population (in patients and out patients)	Own diagnostic lab Quest Diagnostics LabCorp
Baptist Health System	30 per day	50 per day	Only testing inpatients, patients that will be admitted from the ED, and HCW that meet testing criteria	CPL Baptist Medical Center lab

Southwest General Hospital	4-5 per week	370 total, 40 per day	Only PUI's currently	LapCorp Metro Health
BAMC and Wilford Hall Ambulatory Surgical Center	100 per day	300 per day	Own patient population (DoD beneficiaries, and select non-DOD beneficiaries who are BAMC HCWs)	Own diagnostic lab LabCorp
Children's Hospital of San Antonio	4/day		Own patient population	Quest Metro Health

Table 2 Current Laboratory Capacity

Table 2 represents current laboratory testing capacity that has been shared with Metro Health at this point in the response and indicates that 1,275 specimens can be processed each day and approximately 700 test results are able to be returned each day from laboratories.

Table 2. Laboratory Testing for COVID-19				
Testing Capacity				
Laboratory Name (alphabetical order)	Average # of samples analyzed daily (Bexar County)	Current capacity with supplies and personnel on hand	Max capacity if all necessary supplies and personnel in place	Average turnaround time for results
Baptist Medical Center	average 5/day from past week	20 total; expect to use half on first day of testing	300-400 per day	
BioReference	Limited data; unknown start date			

Christus Santa Rosa Children's Hospital of San Antonio*	TBD – have not started reporting	30 per day	384 per day	
Clinical Pathology Laboratories (CPL) (includes the SRL** results)	123.3 per day (4,563/37 days)	600 per day	600 per day	24-48 hours
Convergent Laboratories	TBD – have not started reporting			
eTrueNorth	TBD – have not started reporting	150-200 per day (locally)	250 per day	
Geneus Diagnostic Lab	17.3 per day (138/8 days)	200-300 per day	600 per day 6-days a week	48 hours
iGenomeDx	13.4 per day (187/14 days)	200 per day	200 per day	24-48 hours
LabCorp	72.0 per day (1,368/19 days)	55,000-65,000 per day nationwide Expanded capacity with dedicating 3 more lab facilities		48-72 hours
Livingston Med Lab	approximately 35 per day in Bexar (more outside Bexar)	282 samples	2,000 samples	
Med Fusion	Limited data; unknown start date			
Methodist Health System	43.5 per day (1,045/24 days)		2,300 tests per day	2 hours
Metro Health	Based on need	72 per day 534 total tests available as of April 21 st	108 daily (surge capacity)	24 hours

Pathology Reference Lab***	18.6 per day (130/7 days)	370 tests total	600 per day	
Quest Diagnostics	Estimate 150 per day per recent aggregate reports			48-72 hours
UHS	72.7 per day (1,889/26 days)	240 per day	240 per day	24 hours
VA Medical Center	Average of 11 per day from past three days	20 per day	160 tests per day	24 hours or less

* Hospital supports PCR testing needs for all the Christus hospitals in San Marcos, New Braunfels, San Antonio, and Corpus Christi. COVID Igm/IgG Antibody test kit (Zhejiang Orient Gene Biotech) in use at Children’s Hospital and 3 additional locations locally; Westover Hills working on acquiring Abbott Architect IgG Antibody test.

**SRL (Sonic Reference Laboratory) is the reference laboratory used for CPL’s indeterminates.

***Currently only using one test; at full capacity with all supplies for multiple tests, lab estimates they could run 2,500 a day.

Appendix 2: Checklists

PROGRAM DEVELOPMENT CHECKLIST

The health department will need to develop plans, protocols, and materials for the provision of a COVID-19 contact tracing program. Some of the elements may already be in place, as functions of the health department’s disease investigation program. Some elements will need to be strengthened and quickly expanded. Other, COVID-19 specific elements, will need to be developed.

ELEMENT	DEVELOP/ADOPT PROVISIONS FOR:	IN DEVELOPM ENT	IN PLA CE	PERSON/UN IT ASSIGNED
Concept of Operations	A strategy concerning how the various program components fit together and support each other (that is, case reporting feeds into case interviews, feeds into contact tracing) with goal statements and timelines.			
Assessment and Planning	assessment of the incidence, prevalence, mortality and spread of COVID-19 in various communities/neighborhoods/congregate living situations. Assess the availability and accuracy of testing, community isolation and quarantine options, and medical care/referral options. Consider demographic data including, for example, ethnic populations, languages spoken, access to health care, etc.			
Increasing Number of Contact Tracers	detailed plans for hiring, training, and supervising a corps of contact tracers.			
Training	core contact tracing training with the inclusion of specific COVID-19 information (contagion safety, the need for isolation/quarantine of individuals, symptoms, etc.).			
Field Tool Kit	equipment for staff hired (for example, cell phone, client referrals, maps, disease information pamphlets, personal protective equipment).			

ELEMENT	DEVELOP/ADOPT PROVISIONS FOR:	IN DEVELOPMENT	IN PLACE	PERSON/UNIT ASSIGNED
Community Resources Guide	a resource guide for clinical, isolation/quarantine housing, and social services referrals.			
Link to Resources	agreements with medical and other service providers to ensure access to health care and other support services.			
Protocol for Investigations	the investigations of individuals in the community. Special protocols for congregate living (long term care facilities, homeless shelters, correctional facilities) should also be developed.			
Case information	consideration of clusters of cases or demographics of persons exposed.			
Safety Measures	guidance concerning contact tracers' general safety measures and COVID-19 contagion safety.			
Case Contacts	a variety of case contact methods (for example, in person meetings, phone calls, text messages, referral letters, emails, social media, contact tracing apps)			
Investigation	protocols for the conduct of investigations. These protocols would include investigations conducted via phone, emails, or other electronic communications as well as physically going into the community. These would include, for example, disease intervention timeline, communications, and the use of alternative third-party contacts such as neighbors, family, etc.).			
Case Encounters and Interviews	protocol for case encounters including: team members; client education and counseling concerning signs and symptoms of COVID-19 and the need for isolation/quarantine; gaining information about the client's			

ELEMENT	DEVELOP/ADOPT PROVISIONS FOR:	IN DEVELOPMENT	IN PLACE	PERSON/UNIT ASSIGNED
	contacts; and referral to needed medical, community, and social service resources. These would include, for example, verifying client identity, promoting a comfortable environment for the client, collaborating with the client concerning isolation/quarantine/medical care, and using effective communication.			
Medical Monitoring Support	support home care medical monitoring, as possible, including patient care packages (for example, thermometers, sanitizers, mask, gloves) and technological supports for medical monitoring (for example, mobile phone apps).			
Case Analysis	the conduct of case analysis to determine additional steps for intervention according to local COVID19 protocol.			
Case Services	the assignment of clients to isolation and quarantine, as well as a social services to make sure the client has the needed resources to stay in isolation or quarantine (food; medicines; medical items such as thermometer, oxygen level reader; communication vehicles such as a phone; etc.)			
Surveillance	the collection of population surveillance information and data entry.			
Follow-up	the verification that clients received needed services including, for example, testing, treatment, and support services, as appropriate. Protocol for the provision for subsequent client interview and follow-up counseling, as needed should be in place.			

ELEMENT	DEVELOP/ADOPT PROVISIONS FOR:	IN DEVELOPMENT	IN PLACE	PERSON/UNIT ASSIGNED
Case Management	identification of needed case management information specific to COVID-19.			
	the documentation (data entry) of individual intervention activities in a timely manner per local COVID-19 protocol. A standard form or format will be required.			

COVID-19 CONTACT TRACING INFRASTRUCTURE CHECKLIST

The health department will need to ensure that it has the infrastructure in place to support an expanded contact tracing effort for the implementation of a COVID-19 response and mitigation program. Some of the infrastructure and systems may already be in place, as functions of the health department’s administration and management functions. Some elements will need to be strengthened and quickly expanded. Other, COVID-19 specific elements, will need to be developed.

Capacity	Plans, protocols, or procedures for:	In Development	In Place	Person/unit assigned
Data Collection	the active collection of data and its entry into health department data bases.			
	an automated case management system for the collection of case information.			
Data/information Management	an infrastructure for data storage, protection, and management; and data analysis and reporting.			
	real-time electronic transmission of data of laboratory and case data.			
	the assurance of confidentiality of sensitive client and protected health information.			
	monitored timely and accurate reporting of mortality/morbidity, lab test results, and investigation results.			
Human Resources	the rapid hiring and training of contact tracers. If governmental hiring processes are slow, the health department may need to hire staff through a third party (public health institute, academic institution, health care provider, etc.). Consideration could also be given to recently out of work government workers.			

Capacity		Plans, protocols, or procedures for:	In Development	In Place	Person/unit assigned
	Outreach	community based outreach for applicants including consideration of languages spoken and ethnic populations in the community.			
	On boarding	the rapid onboarding of large numbers of new staff, including for example, the work location, technology, and protocols for reporting to supervisors.			
	Procurement	the systems to procure needed materials and equipment, such as field tool kits, home medical monitoring kits, and personal protective equipment for contact tracers and clients.			
	Financial Management	system to track the use of special COVID-19 support funding as well as to forecast the need for continuing/increased funding.			
	Epidemiological Services	access to epidemiological resources capable of providing rapid detection, investigation, and containment/mitigation of public health problems.			
	Laboratory Services	assurance of laboratory certifications and quality.			
		agreements concerning the rapid sharing of test results.			
		the education of health care providers and laboratories to ensure reporting compliance.			
	Links with Testing Sites	referrals of clients for tests and processes for receiving results.			
	Public Health Communication	protocols for communications and being the local resource for public health information and health protection recommendations to various audiences in the community (for example, residents, schools, places of worship, health care providers correctional facilities,			

Capacity	Plans, protocols, or procedures for:	In Development	In Place	Person/unit assigned
	etc.). Provide accessible, accurate, current, actionable information. Consider hard to reach populations including cultural differences, non-English speaking populations, individuals with low literacy and low medical literacy, and those with physical disabilities. Communication protocols should include approaches to address misconceptions and misinformation.			
Performance Management and Quality Improvement	the tracking and management of performance measures and the use of quality improvement processes, as necessary. Develop a set of metrics, for example, timelines met, number of contacts identified, contacts contacted, etc.			
Collaborations	the coordination with various government and public health officials to perform required tasks (for example, data collection, vital records, data analysis, contact elicitation, quarantine and isolation enforcement, rapid needs assessment, samples and specimens for testing collection, epidemiology consultation, community outreach, awareness promotion).			
	cross-jurisdictional agreements for collaborations on investigations, data sharing, and staff sharing.			

Appendix 3: Progress and Warning Indicators

The Progress & Warning Indicators leverages SAMHD and STRAC data. The dashboard indicators track to the indicators outlined on Page 13 of the COVID-19 Health Transition Team report and are described below.

Progress Indicators

P1) “A sustained decline in the number of new cases of COVID-19 \geq 14 days”

- **What is displayed:** Total count of cases by reported onset date, previous 14 days. Calculated and displayed to adjust for delays in reporting.
- **How it's calculated:** SAMHD provides the total count of cases by reported onset date.

P2) “The ability to perform tests for the virus in all people with symptoms of COVID-19 & their close contacts”

- **What is displayed:** Testing Capacity: The previous day's testing capacity (county-wide, all known testing facilities) compared to the testing capacity goal of 3,000 tests per day.
- **How it's calculated:** A gauge approaching the max goal of 3K tests per day broken down by the following thresholds:
 - 0-750 – Dark Red
 - 750-1,500 – Orange
 - 1,500-2,250 – Yellow
 - 2,250-3,000- Green

P3) “Effective contact tracing capacity to identify all close contacts of people diagnosed with COVID-19 and offer testing to those for whom it is indicated”

Two Gauges – Goal (175) + Current Need

Goal (175) Contact Tracers

- **What is displayed:** For every new 70 positives (WARNING), triggers 15 new tracers deployed at 90 positives (70-15-90 Plan). 175 Needed over four months.

“Current Contact Tracing Capacity”

- **What is displayed:** The current total pool of volunteers and personnel who have been trained and can be deployed for contact tracing by SAMHD (does not include tracers provided by the emocha pilot partnership).
- **How it's calculated:** A gauge approaching the max goal of 175 contact tracers broken down by the following thresholds:
 - 0-25% – Dark Red
 - 25-50% – Orange
 - 50-75% – Yellow
 - 75-100% – Green

P4) “A prepared healthcare system that can safely care for all patients, including sufficient hospital capacity, workforce, and PPE for healthcare workers”

- **What is displayed:** An image of the STRAC Health System Stress Score.
- **How it's calculated:** The stress score is calculated by STRAC and reported on a regular basis to the dashboard team.

Warning Indicators

W1) “An decrease in the number of days it takes for the number of COVID-19 cases in our community to double (doubling time).”

- **What is displayed:** The current total number of days required for the rate of positive cases to double.
- **How it's calculated:** Recalculated daily by SAMHD, and reported to the dashboard team. A gauge that reflects a doubling rate ranging from zero days to 36 days, with a midpoint of 18 days.
 - 0-6 – Dark Red
 - 6-12 – Orange
 - 12-18 – Yellow
 - 18-36 – Green

W2) “An increase in the percentage of COVID-19 tests suggestive of active infection that are positive for CoVID-19.” Rita will confirm with Cara that she is able to remove congregate setting items.

- **What is displayed:** The daily percentage of total tests conducted that day that are reported positive for CoVID-19 for the previous 14 days.
- **How it's calculated:** Calculated daily by SAMHD, and reported to the dashboard team.

W3) “An increase in indicators of health system stress such as reductions in personal protective equipment, hospital bed, or ventilator capacity, and increases in emergency medical system calls.”

- **What is displayed:** An image of the STRAC Health System Stress Score.
- **How it's calculated:** The stress score is calculated by STRAC and reported on a regular basis to the dashboard team.

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City of San Antonio
COVID19 Recovery and Resilience Plan

Strategy	Workforce Development	Housing Security	Small Business	Digital Inclusion	Total
Temporary Child Care Support for Working Families	\$ 10,000,000				\$ 10,000,000
Workforce Training and Support Services with focus on high demand jobs	70,000,000				\$ 70,000,000
Family Independence Initiative Up Together Investment		4,000,000			\$ 4,000,000
Fair-housing Counseling and Family Resource Center		27,874,216			\$ 27,874,216
Virtual and place-based Financial Recovery and Resilience Hub for Residents		4,000,000			\$ 4,000,000
Connect Residents to Low Cost Financial Products		120,000			\$ 120,000
Virtual and place-based Financial Recovery and Resilience Hub for Small Businesses			200,000		\$ 200,000
Door-to-door engagement with hard-to-reach micro businesses and families to connect them to resources		500,000	1,300,000		\$ 1,800,000
Micro Business Support Grants			27,000,000		\$ 27,000,000
Arts Support Grants			2,600,000		\$ 2,600,000
Protective Equipment & Sanatizer			2,000,000		\$ 2,000,000
Digital Referral Platform for Joint Case Management		1,500,000			\$ 1,500,000
Create COSA Recovery Portal				250,000	\$ 250,000
Distance learning in-home internet access to students K-12 and college				27,047,546	\$ 27,047,546
Homeless shelter options with services		9,238,000			\$ 9,238,000
Expand domestic violence prevention and intervention strategies		3,300,000			\$ 3,300,000
Total	\$ 80,000,000	\$ 50,532,216	\$ 33,100,000	\$ 27,297,546	\$190,929,762

COVID-19 Resiliency and Recovery Plan

Workforce Development

For all residents affected by COVID-19

Strategy	Outputs	Budget
Workforce Training and Support Services with focus on high demand jobs	<ul style="list-style-type: none"> • 10,000 individuals • Workforce Development Training - \$70 million (amounts per partner to be determined) <ul style="list-style-type: none"> • Intake and Referral Services <ul style="list-style-type: none"> ○ Workforce Solutions Alamo • Career Navigation/Local Business Intelligence/Job Placement Opportunities <ul style="list-style-type: none"> ○ SA Works, BioMed SA, Cyber Security San Antonio • Wraparound Support and Case Management <ul style="list-style-type: none"> ○ Project Quest • Education and Training <ul style="list-style-type: none"> ○ Alamo Colleges • Intake, Referral, Wraparound Support and Career Navigation: \$8,000,000 • Education and Training: \$14,000,000 • Training Subsidies to Participants: \$48,000,000 	\$70,000,000 CRF General Fund
Temporary Child Care Support for Working Families	<ul style="list-style-type: none"> • Provide 3 months of child care to allow parents to pursue training and/or workforce opportunities 	10,000,000 Child Care Services Grant
	Total	\$80,000,000

COVID-19 Resiliency and Recovery Plan

Housing Security

For all residents affected by COVID-19:

Strategy	Outputs	Budget
Family Independence Initiative Up Together Investment	<ul style="list-style-type: none"> 1,000 families Contract with Family Independence Initiative for \$4 Million 	\$4,000,000 CSBG Grant ESG Grant
Fair-housing Counseling and Family Resource Center	<ul style="list-style-type: none"> Assist 10,000 residents with rental and mortgage assistance \$500,000 in new or amended contracts with Texas RioGrande Legal Aid, legal support entities, and other non-profits to assist with the Right to Counsel Program. Services include legal support for tenants, support and staffing at eviction hearings, education and training sessions regarding tenants' rights, and other services necessary to implement and market a requirement that landlords provide all tenants a Notice of Tenants Rights with the Notice to Vacate. \$350,000 with various non-profit and for-profit entities to assist with the administration of the Emergency Housing Assistance Program. \$150,000 contract with San Antonio Regional Alliance for Homelessness to implement the Place Program. This funding will be used to support the pilot program that helps vulnerable populations with bad credit or records to obtain housing. 	\$27,874,216 CRF
Virtual and place-based Financial Recovery and Resilience Hub for Residents	<ul style="list-style-type: none"> 6,500 families \$2.2 Million contracts with non-profits to provide financial counseling, benefits assistance, housing assistance, and emergency assistance. Awards would be made through a Letter of Interest procurement process 	\$4,000,000 CRF
Connect Residents to Low Cost Financial Products	<ul style="list-style-type: none"> 500 – 700 residents 	\$120,000 CRF

COVID-19 Resiliency and Recovery Plan

Housing Security

For all residents affected by COVID-19:

Strategy	Outputs	Budget
Door-to-door engagement with hard-to-reach families to connect them to resources	<ul style="list-style-type: none"> 30,000 residents 	\$500,000 CRF
Digital Referral Platform for Joint Case Management	<ul style="list-style-type: none"> 75,000 – 100,000 residents 	\$1,500,000 CRF
Homeless shelter options with services	<ul style="list-style-type: none"> 500 Homeless residents Rental of Shelter Facility, Meals, Operations, Security, and Outreach. \$8.3 contracts with various property owners and non-profit providers to increase homeless shelter capacity and transition homeless to permanent housing. Awards would be made through a brief Letter of Interest (LOI) procurement process. <p>Temporary Shelter:</p> <ul style="list-style-type: none"> Facility Rental - \$3,943,800 Shelter Operations and Security - \$848,400 Food/Meals - \$875,000 Rapid Rehousing (multiple providers): \$2 M Street Outreach (multiple providers): \$450,664 Homeless Hotline Staffing (South Alamo Regional Alliance for the Homeless): \$160,000 	\$9,238,000 ESG, HOWPA and CRF
Expand Domestic Violence Prevention and Intervention	<ul style="list-style-type: none"> 400 High Risk families Media campaign, Case Management, and Survey 	\$3,300,000 CRF
Total		\$50,532,216

COVID-19 Resiliency and Recovery Plan

Small Business Support

For all businesses affected by COVID-19

Strategy	Outputs	Budget
Micro Business Support	<ul style="list-style-type: none"> • 1,000 Business with 20 or less employees • Grants range from \$10K to 75K based on number of employees • \$27 Million contract with LiftFund to process grant application, verification, and disbursement services for grants 	\$27,000,000 CRF
Arts Support	<ul style="list-style-type: none"> • Agencies with 20 or less employees • Grants range from \$10K to 75K based on number of employees 	\$2,600,000 CRF
Protective Equipment & Sanitizer	<ul style="list-style-type: none"> • 6,000 PPE Boxes to local businesses 	\$2,000,000 CRF
Virtual and place-based Financial Recovery and Resilience Hub for Small Businesses	<ul style="list-style-type: none"> • Assist small business with financial practices promoting business resiliency • Physical Hub Support – Support technology purchases and augment programming. Contracts with: <ul style="list-style-type: none"> ○ \$25,000 contract with WDC ○ \$25,000 contract with SAGE ○ \$25,000 contract with Southside First ○ \$25,000 contract with Maestro Entrepreneurship Center • Virtual Hub Support - Augment virtual programming. <ul style="list-style-type: none"> ○ Contract with Launch SA - \$100,000 	\$200,000 CRF
Door-to-door engagement with hard-to-reach micro businesses to connect them to resources	<ul style="list-style-type: none"> • 5,000 Businesses • Increase awareness of business support organizations, resources, and financial practices promoting business resiliency • Overall Team Coordination <ul style="list-style-type: none"> ○ \$150,000 contract with SAEDF- 	\$1,300,000 CRF

COVID-19 Resiliency and Recovery Plan

Small Business Support

For all businesses affected by COVID-19

Strategy	Outputs	Budget
	<ul style="list-style-type: none"> • Outreach Team Training <ul style="list-style-type: none"> ○ \$50,000 contract with Women’s Business Center ○ \$50,000 contract with Launch SA • Outreach Team Recruitment, Management, Salaries and Benefits - \$800,000 <ul style="list-style-type: none"> ○ WDC ○ SAGE ○ Southside First ○ Centro San Antonio ○ Amounts per organization to be determined based on businesses served (total approx. 5,000) • Financial Technical Assistance Outreach Support – One-on-one financial technical assistance to micro businesses <ul style="list-style-type: none"> ○ \$250,000 contract with LiftFund 	
	Total	\$33,100,000

COVID-19 Resiliency and Recovery Plan

Distance Learning/Recovery Portal

Strategy	Outputs	Budget
Core Infrastructure and Fiber Connections	<ul style="list-style-type: none"> Distance learning in-home internet access to students K-12 and college (50 Underserved Neighborhoods) Use existing municipal broadband fiber to connect local schools to students leverage DIR and state buy-board contracts for multiple vendor projects to build/install new fiber 	\$4,000,000 GF
Network Access and Wireless Mesh	<ul style="list-style-type: none"> Distance learning in-home internet access to students K-12 and college (50 Underserved Neighborhoods) Use existing municipal assets to provide wireless coverage in three phases (create a private network for students) leverage DIR and state buy-board contracts for multiple vendor projects to build/install vertical assets 	\$17,047,546 GF
Student Connections in the Home	<ul style="list-style-type: none"> Distance learning in-home internet access to students K-12 and college (50 Underserved Neighborhoods) Evaluate new solutions for wireless connections to schools by students from home 	\$6,000,000 GF
Recovery Portal	<ul style="list-style-type: none"> Develop Prototype Recovery Portal of information for San Antonio residents and businesses This user centered design process will update roughly 150 webpages for the community Updates and modifications based on user feedback as the COSA Recovery Portal is completed 	\$250,000 GF
Total		\$27,297,546