



# COVID-19 AFTER ACTION REPORT

## Assessment Period

### Nov. 2020 - 2022

## CITY OF SAN JOSÉ

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## INTRODUCTION

### *Executive Summary*

Over the course of a nearly three-year pandemic, officials and residents have been juggling ongoing uncertainty with implementing lessons learned during the entirety of the response. Within the first year of the pandemic, the City of San José conducted an assessment of its Coronavirus Disease (COVID-19) pandemic response activities, which were compiled into a Preliminary Operational Assessment Report and Operational Adjustment Plan. This report focused on the initial activation of the Emergency Operations Center (EOC) and response activities conducted from January 2020 to the end of October 2020. This Operational Assessment Report was adopted by City Council on May 4, 2021.

As a continuation of best practices, the City of San José understood the necessity of assessing its response and recovery activities for the remainder of the pandemic. Therefore, an After Action Report/Improvement Plan was developed examining response and recovery operations from November 2020 until the initial demobilization of the EOC in February 2022. While this report focused on collecting data and asking questions on the operational period of assessment (Nov. 2020 – Feb. 2022), it should be recognized that response and recovery activities continued throughout 2022. Where possible, information on milestones and actions conducted through the end of 2022 have been included within this report. Opportunities for process improvement that were identified after this assessment concluded, will be included in the Improvement Plan and addressed in future corrective actions.

This After Action Report summarizes strengths, areas for improvement, and actionable recommendations based on data collected. It ultimately positions San José to strengthen preparedness, incident response, and recovery efforts for future emergencies. The Improvement Plan collects recommendations identified in the After Action Report for the City to use in its corrective action planning process. Together, the After Action Report and Improvement Plan constitute the final report on the impacts of and response to COVID-19. This After Action Report will be presented on March 21, 2023, to the City Council for approval.

### *Thanks and Acknowledgements*

The City of San José would like to extend its gratitude to its staff, healthcare workers, partners, and the residents of the City of San José for their support and resilience through these incredibly difficult times. Alongside first responders, Santa Clara County, and partner organizations and jurisdictions, the support that poured in through response and recovery efforts has not gone unnoticed. The response to the COVID-19 pandemic continues to require support from multiple county, city, state, and federal responders, hundreds of volunteers, and county residents, all of whom are instrumental in providing a helping hand to neighbors and community members.

Despite the ongoing global pandemic, the response efforts seen from all individuals and groups highlights the unity necessary to help overcome the challenges presented by COVID-19. This movement to help the community heal is universally recognized. For this, the City of San José would like to thank everyone who offered their selflessness, dedication, and determination in these efforts.



## Scope

This After Action Report and Improvement Plan focuses on the City of San José's response to the COVID-19 pandemic from November 2020 to February 2022 when EOC initial demobilization occurred. Although data collection focused on this period of assessment, response and recovery efforts of the City continued throughout 2022. This COVID-19 After Action Report/Improvement Plan is intended to comprehensively collect best practices and lessons learned during the period of assessment to strengthen the capabilities of San José and address key challenges the City's response faced. Additional findings and identified corrective actions after February 2022 will be incorporated by the City into other reports and the Improvement Plan. This After Action Report assesses the experiences of City employees in a comprehensive and data-driven way which allows best practices and lessons learned to be shared with partners and stakeholders. It is the hope of the authors of this document that this COVID-19 After Action Report/Improvement Plan will present recommendations for implementation to further improve pandemic response efforts.

## Incident Overview

### THE COVID-19 PANDEMIC

Within the San José COVID-19 Operational Assessment Report, a detailed incident overview covering December 2019 – October 2020 is provided. To broadly recap, in December 2019, health officials in Wuhan, a metropolitan city in the Hubei Province of the People's Republic of China, identified cases of an unknown viral pneumonia. Symptoms manifested most commonly in the upper respiratory system and included fever, dry cough, and trouble breathing. As cases began to cluster, the World Health Organization (WHO) launched an investigation which confirmed the existence of a novel coronavirus now known as SARS-CoV-2. The virus causes a disease now known by the global population as COVID-19. As China instituted public health measures to contain the virus, officials found evidence of communal spread in surrounding countries.

By the end of January, the WHO declared a Public Health Emergency of International Concern. The first case of COVID-19 in California was identified on January 25, 2020. Throughout 2020, countries implemented travel restrictions, stay-at-home orders, and controlled screenings for the virus. Challenges for emergency management, public health agencies, healthcare facilities, and other responding entities included supply shortages, patient surges, socioeconomic impacts of shutdowns, unanticipated health/mental health/safety concerns, and accurate information dissemination.

### CHALLENGES IN THE UNITED STATES

From October 2020 through December 2022, the rates of COVID-19 cases, hospitalization, and deaths surged at various times. Appendix D Incident Statistics and Maps provides detailed graphics displaying the changes in the disease over the two years. However, as of December 28, 2022, there were a total of 100,198,187 confirmed cases of COVID-19 in the United States. Of those cases, 1,097,812 were fatal. Even as many jurisdictions moved into a recovery phase of this public health emergency, federal, state, and local public health and safety officials continue to work tirelessly to promote the COVID-19 vaccine, continued social distancing, and good hygiene practices to reduce the spread of COVID-19.

### Viral Spread

Layered public health prevention strategies such as physical distancing, proper and consistent masking, handwashing, regular cleaning of high-touch surfaces, and staying home when sick along with effective vaccines

helped to reduce the transmission of COVID-19. Without public health interventions, the virus spread easily between people. Research pointed to the virus spreading through respiratory droplets when an infected person coughed, sneezed, or talked. Those droplets could reach up to six feet and aerosolized viral particles could remain suspended in the air for long periods of time, spreading the infection. People also were infected with the virus but did not display any symptoms. These “asymptomatic carriers,” without knowing they had the disease, spread COVID-19 when they were in close contact with other people.

Social distancing measures were initiated by jurisdictions across the United States and globally to prevent those who were sick from coming into contact with healthy individuals. States that were early hotspots for COVID-19, such as California, New York, and Washington, responded by implementing strict stay-at-home orders. Those orders focused state efforts on educating the public on social distancing to reduce the overall number of infections (e.g., “flattening the epidemic curve”) which helped to prevent hospitals and local public health systems from becoming overwhelmed.

Public health and safety officials continued to raise awareness of the effectiveness of social distancing strategies through ongoing public information campaigns providing guidance to the public. Due to the fast-paced nature of the COVID-19 global pandemic, interactive tools such as the Center for Disease Control and Prevention’s (CDC) COVID-19 Data Tracker and the Johns Hopkins University School of Medicine COVID-19 Dashboard provided real-time updates on cases and infections in the United States and abroad.

### Contact Tracing and Testing

State and local health departments expanded efforts to increase contact tracing of COVID-19 cases (a public health strategy focused on identifying and isolating people exposed to an infection and contain the spread of the disease). Internationally, countries such as China and South Korea, among the first to be impacted by the virus, benefitted from scaling up contact tracing efforts to contain spread. In the United States, state and local governments dedicated significant amounts of staff and resources toward expanding contact tracing efforts, including partnerships with university centers and other organizations. Increased federal funding for expansion of contact tracing was a top priority in the fight to contain COVID-19.

The United States experienced challenges when expanding testing for COVID-19. Federal regulations adapted to the need for robust screening across the United States. The initial test the CDC provided to state and local health departments did not work correctly, which forced the CDC to send out new tests. State governors across the country reported a shortage of availability of COVID-19 test kits and the reagents needed for those kits to work. This lapse in testing early in the pandemic enabled exponential growth of cases. As of the writing of this report, testing expansion efforts have helped increase United States testing rates with a total of over 990 million test results reported to the CDC.<sup>1</sup>

### Healthcare and Supply Impacts

Hospitals were the frontlines of this global pandemic. Its employees worked tirelessly to serve their communities while risking exposure to a potentially deadly virus. Their only protection against exposure was personal protective equipment (PPE), including face masks, face shields, medical gowns, etc. The increased demand for resources including PPE, ventilators, antiseptics, and cleaning supplies by the healthcare system, first responders, and the public, caused a worldwide shortage of supplies. For example, the Strategic National

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<sup>1</sup> “COVID Data Tracker Weekly Review.” *Center for Disease Control and Prevention*. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>. Accessed February 23, 2023.

Stockpile (SNS) was approximately 90% depleted by April 2020, after distributing equipment and supplies to state and local governments.

The United States experienced a shortage of ventilators in hospitals hardest hit by the disease in the early months of response. The Federal Emergency Management Agency (FEMA) led the federal response for PPE requests, distributing N95 respirators, surgical masks, face shields, surgical gowns, and gloves to states and territories. Additionally, the President of the United States used the Defense Production Act to boost the acquisition of N95 masks and the production of ventilators. Companies such as Ford Motor Company and General Motors pivoted from regular activities to manufacture critically needed resources including face shields and ventilators.

## Vaccination

As the 2020 holiday season approached, a spike of COVID-19 cases was experienced. In response, the CDC recommended Americans remain at home and avoid social gatherings. Around the same time, pharmaceutical research studies found the effectiveness of the Pfizer and Moderna vaccines to be 95.4% and 95% effective respectively. The Emergency Use Authorizations (EUAs) of both vaccines was quickly issued by the Food and Drug Administration (FDA) and recommendations on who should be prioritized for vaccinations were soon released by the CDC in the form of a phased approach that prioritized those populations most at risk and most essential to the response. On December 14, 2020, the first dose of a COVID-19 vaccine outside of clinical trials was administered to a New York City nurse, and by December 24, just 10 days after the first vaccines had been administered within the United States, with healthcare personnel and individuals in long-term care facilities receiving the first doses.<sup>2</sup>

By December 29, 2020, a new variant of COVID-19, “alpha,” had its first confirmed case in the United States. Efforts to vaccinate Americans were ongoing but there were challenges such as:

- Limited vaccine supplies
- Hesitancy towards vaccination due to infrequent but sometimes severe side effects as well as the political polarization of the COVID-19 response
- Supply chain disruptions
- Vaccine distribution logistical challenges

By December 30, 2020, only 2.8 million individuals in the United States had received the COVID-19 vaccine when the goal was to have 20 million individuals in the United States vaccinated.<sup>3</sup>

At the beginning of 2021, the Biden Administration’s National Strategy for COVID-19 Response was released, and the CDC underscored its focus on supporting effective testing, surveillance, and vaccination against COVID-19 while reaffirming its commitment to preventing and managing chronic conditions, mental and behavioral health challenges, and other public health concerns which worsened as part of the ongoing response. By late January 2021, the new “Beta” and “Gamma” variants of COVID-19 made their appearance in the United States while the vaccination effort continued with a total of 28 million doses of the COVID-19 vaccine administered in the United States. By March 2021, more than 100 million Americans had been vaccinated and the CDC released a statement claiming that vaccinated individuals can safely gather indoors, without a mask, and without social

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<sup>2</sup> “CDC Museum COVID-19 Timeline.” *Center for Disease Control and Prevention*.  
<https://www.cdc.gov/museum/timeline/covid19.html>. Accessed February 23, 2023.

<sup>3</sup> “CDC Museum COVID-19 Timeline.” *Center for Disease Control and Prevention*.  
<https://www.cdc.gov/museum/timeline/covid19.html>. Accessed February 23, 2023.

distancing. By April 2021, over 200 million vaccines had been administered. Between May and August 2021, EUA vaccinations for older adolescents and pregnant women were distributed. During this time, the “Delta” variant surged through the United States and an additional booster dose for the public was made available.<sup>4</sup> As the vaccine became more available, the United States response to the pandemic slowly declined from the Summer of 2021 and beyond. States continued their reopening process and reduced the public health restrictions as cases, deaths, and hospitalizations due to COVID-19 declined. However, with the emergence of the “Omicron” variant, public health restrictions were re-implemented, and some states shut down.

Into and through 2022, peaks in COVID-19 cases continued to occur as new variants of the disease emerged and coincided with other public health issues such as the flu, MPox, and respiratory syncytial virus (RSV). As of this report, the United States continued to manage the ongoing pandemic and attempted to return to a new “normal.”<sup>5</sup>

## THE IMPACT OF COVID-19 ON STATE AND LOCAL LEVELS

As of December 29, 2022 California recorded a total of 10,888,090 cases of COVID-19 and 97,757 deaths.

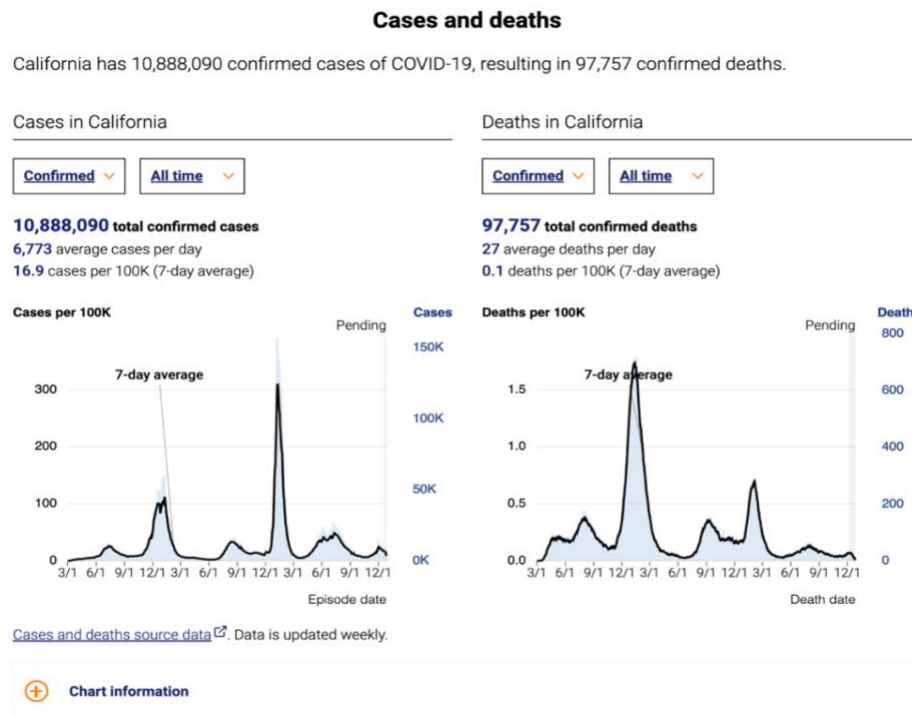


Figure 1: California COVID-19 Case and Death Rates <https://covid19.ca.gov/state-dashboard/#county-statewide>

<sup>4</sup> “CDC Museum COVID-19 Timeline.” *Center for Disease Control and Prevention*. <https://www.cdc.gov/museum/timeline/covid19.html>. Accessed February 23, 2023.

<sup>5</sup> “CDC Museum COVID-19 Timeline.” *Center for Disease Control and Prevention*. <https://www.cdc.gov/museum/timeline/covid19.html>. Accessed February 23, 2023.



At the state level, efforts to contain the disease continued with the dissemination of guidance on healthy personal hygiene practices, encouraging social distancing, and providing services to at-risk populations. California released a four-color blueprint for reducing COVID-19 spread in the State, which allowed counties meeting specific criteria to resume public activities based on the county risk level. The State also introduced California Connected, a contact tracing program that offered a confidential and simple process to assess symptoms, offer testing, and discuss next steps. California provided relief initiatives targeting at-risk populations, including a meal delivery program for seniors; funding for foster youth; and additional funding for the acquisition of PPE, ventilators, and other needed medical equipment.

By November 2020, California Governor Gavin Newsom and California Department of Public Health (CDPH) announced a Stay-at-Home Order that required almost all non-essential businesses to close, and masks were once again required anytime outside of the home. A State-wide curfew was issued and several counties reinstituted shelter-in-place orders.<sup>6</sup> The State put most of the population into the most restrictive tier (Purple tier) of the Blueprint for a Safer Economy. Santa Clara County, which includes the City of San José, was part of the purple tier.<sup>7</sup>

By mid-December 2020, the first doses of the Pfizer COVID-19 vaccine arrived in California, the same day the State of California broke its record for the number of new cases in one day with 41,419 cases.<sup>8</sup> The vaccine was administered in phases prioritizing recipients by order of risk and level of exposure. The initial doses went to essential health care workers and those in long-term care settings.<sup>9</sup> Across the State, Intensive Care Unit (ICU) capacity reached 0% on Christmas day in 2020. Hospitals faced resources shortages, and many declared an “internal disaster” and stopped the receipt of Emergency Medical Services (EMS) patients. By the end of 2020, stay-at home orders were renewed indefinitely as the newest COVID-19 variant “Alpha” was detected in the State.<sup>10</sup>

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<sup>6</sup> Procter, Richard. “Remember when? Timeline marks key events in California’s year-long pandemic grind.” *Cal Matters*. March 4, 2021.

<sup>7</sup> Office of Governor Newsom. *State Issues Limited Stay at Home Order to Slow Spread of COVID-19*, November 19, 2020. <https://www.gov.ca.gov/2020/11/19/state-issues-limited-stay-at-home-order-to-slow-spread-of-covid-19/>

<sup>8</sup> Procter, Richard. “Remember when? Timeline marks key events in California’s year-long pandemic grind.” *Cal Matters*. March 4, 2021.

<sup>9</sup> Office of Governor Newsom. *Governor Newsom Launches “Vaccinate All 58” Campaign based on Safety and Equity as First Vaccines Arrive to California*, December 14, 2020. <https://www.gov.ca.gov/2020/12/14/governor-newsom-launches-vaccinate-all-58-campaign-based-on-safety-and-equity-as-first-vaccines-arrive-to-california/>

<sup>10</sup> Procter, Richard. “Remember when? Timeline marks key events in California’s year-long pandemic grind.” *Cal Matters*. March 4, 2021.



Image 1: Vaccinate All 58 Campaign. Accessed from <https://www.gov.ca.gov/2020/12/14/governor-newsom-launches-vaccinate-all-58-campaign-based-on-safety-and-equity-as-first-vaccines-arrive-to-california/>

In January 2021, California’s ramped up its vaccination efforts by announcing its plan to vaccinate one million community members in 10 days.<sup>11</sup> The goal was met but in 12 days instead of 10.<sup>12</sup> Due to the “Alpha” variant spreading rapidly, President Biden announced the opening of two mass vaccination sites in California that would open mid-February 2021.<sup>13</sup> During the operational period of January to February 2021, the City of San José convened to prioritize digital inclusion by continuing the City-Provided AT&T hotspot circulation program for fiscal year (FY) 2021-22.<sup>14</sup>

By March 2021, the state guidelines for individuals who were eligible for the vaccine changed to include people ages 16 to 64 with serious health conditions. Under the previous guidance, those individuals were not eligible until people 65 and older, first responders, food industry workers, and educators were vaccinated.<sup>15</sup> With the rise in vaccine eligibility, it became increasingly difficult for people to get appointments to be vaccinated. To aid in combating this hurdle, California instituted MyTurn, a website designed as a “one stop shop” to find and access COVID-19 vaccination.<sup>16</sup> Once vaccination rates increased and COVID-19 infection rates declined, vaccine supply surpassed demand. The City of San José continued building its healthcare partnerships to secure vaccines

<sup>11</sup> Ostrov, B. F. “California’s new goal: Vaccinate a million people in 10 days.” *CalMatters*. <https://calmatters.org/health/coronavirus/2021/01/california-goal-vaccinate-millio>. September 28, 2021.

<sup>12</sup> Gutierrez, M. (2021, January 22). Newsom’s 1-million COVID vaccine promise exposes data issues. *Los Angeles Times*. <https://www.latimes.com/california/story/2021-01-21/california-data-collection-issues-covid-19-vaccinations-in-10-days-gavin-newsom-promise>

<sup>13</sup> Procter, R. “Remember when? Timeline marks key events in California’s year-long pandemic grind.” *Cal Matters*. March 4, 2021.

<sup>14</sup> City of San José Virtual Emergency Operations Center Action Plan for Operational Period 22.

<sup>15</sup> Ostrov, B. F. “California shifts vaccine priorities again: People with health conditions are eligible next month.” *CalMatters*. <https://calmatters.org/health/coronavirus/2021/02/california-shifts-priorities-vaccine-chronic-conditions/>. September 28, 2021.

<sup>16</sup> Ostrov, B. F. “State’s ‘MyTurn’ website bypassed for most vaccine appointments.” *CalMatters*. <https://calmatters.org/health/coronavirus/2021/04/myturn-vaccine-appointments-problems/>. June 23, 2021.

and expand more vaccination events in hard-hit communities.<sup>17</sup> On March 12, 2021, two million doses of the COVID-19 vaccine had been administered in California to underserved communities, as a goal to allocate 40% of its vaccine supply to poor and diverse communities was made by California just over a week earlier.<sup>18</sup> In June 2021 Governor Newsom announced that he would retire the county tier system and the State would fully reopen ‘Beyond the Blueprint.’ This would mean relaxed mask guidance, capacity limits, and physical distancing requirements.<sup>19</sup> By the end of August 2021, 80% of the population of California was vaccinated.<sup>20</sup>

The Delta variant of COVID-19 surged from early summer to fall 2021 and caused daily surges throughout the State. To reduce the spread, increase herd immunity, and improve safety of front-line workers, the vaccine was mandated for health care workers and State employees<sup>21</sup> and educators were required to either be vaccinated or subject to weekly testing.<sup>22</sup> In the fall of 2021, proof of vaccination or negative tests were mandated for large indoor events and school-aged children returned to school.

In September 2021, the San José City Council approved 55 organizations to the COVID-19 Recovery Task Force as part of the City’s Community and Economic Recovery strategy. “The scope of the Task Force is to work with the community to think about and plan for the future as it relates to three key areas: Stabilizing and strengthening families; supporting small businesses; supporting workers.”<sup>23</sup>

To support the vaccination effort, the Mayor of San José, Sam Liccardo, coordinated social media messages with trusted community messengers. There were three main challenges and reasons as to why vaccinations were low among hard-to-reach communities. There was a slow adoption of COVID 19 vaccines among Black, LatinX, and Vietnamese populations, especially in Gen Z and Millennial age groups. Traditional media failed to reach and convince Gen Zers and millennials (84% of the young population skips ads) and some non-white populations felt left out in the communication campaign with less available bi-lingual content. The solution was to create a digital door-to-door program led by a team of San José trusted community messengers. They would “reach the Black, LatinX, and Vietnamese communities through local trusted social media messengers with corresponding audiences, including multi-lingual information, to help encourage vaccine uptake.”<sup>24</sup> The same local trusted social media messengers provided regular PSA updates in multiple languages about updates in guidelines, resources available, and weekend pop-up clinics available in the communities. To create a sense of community, creators were brought together as the “San José Community Messengers.” This group not only conducted

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<sup>17</sup> City of San José Virtual Operations Center Action Plan for Operational Period 26.

<sup>18</sup> Procter, R. “Remember when? Timeline marks key events in California’s year-long pandemic grind.” *Cal Matters*. March 4, 2021.

<sup>19</sup> Office of Governor Newsom. *As California Fully Reopens, Governor Newsom Announces Plans to Lift Pandemic Executive Orders*, June 12, 2021. <https://www.gov.ca.gov/2021/06/11/as-california-fully-reopens-governor-newsom-announces-plans-to-lift-pandemic-executive-orders/>.

<sup>20</sup> Procter, R. “Remember when? Timeline marks key events in California’s year-long pandemic grind.” *Cal Matters*. March 4, 2021.

<sup>21</sup> Office of Governor Newsom. *California Implements First-in-the-Nation Measures to Encourage State Employees and Health Care Workers to Get Vaccinated*, July 26, 2021. <https://www.gov.ca.gov/2021/07/26/california-implements-first-in-the-nation-measures-to-encourage-state-employees-and-health-care-workers-to-get-vaccinated/>.

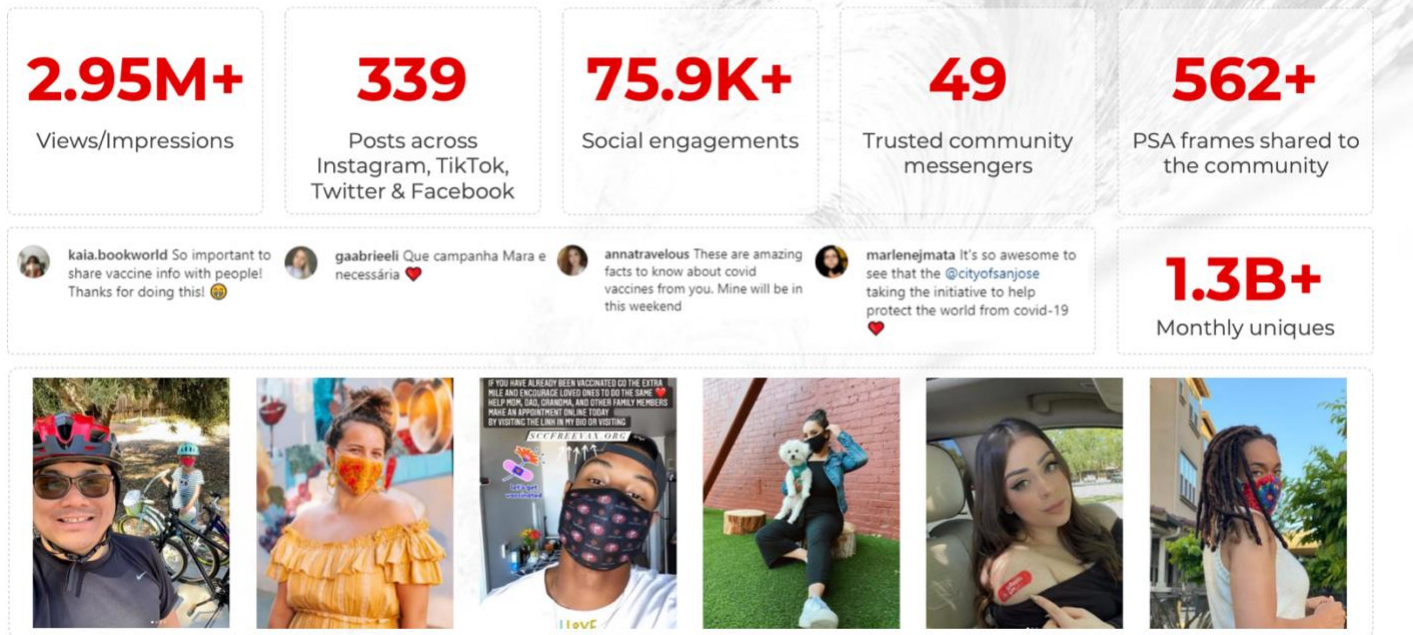
<sup>22</sup> Office of Governor Newsom. *California Implements First-in-the-Nation Measures to Encourage State Employees and Health Care Workers to Get Vaccinated*, July 26, 2021. <https://www.gov.ca.gov/2021/07/26/california-implements-first-in-the-nation-measures-to-encourage-state-employees-and-health-care-workers-to-get-vaccinated/>.

<sup>23</sup> COVID-19 Recovery Task Force. (2022). City of San José, Capital of Silicon Valley. <https://www.sanjoseca.gov/your-government/departments-offices/office-of-the-city-manager/community-and-economic-recovery-task-force>.

<sup>24</sup> XOMAD, Knight Foundation, & City of San José. (2021). COVID-19 Vaccine Outreach Case Study. XOMAD.

outreach but also shared the issues and discussions coming from the community around vaccine hesitancy to help each other and the City combat the issues and drive vaccine uptake.<sup>25</sup> The City also started personalized hashtags to be used with social media posts (#ThisIsOurShotSJ, #StayHealthySJ). More than 70% of San José residents saw the campaign content through creators they followed. On average, a member of the campaign participants' audience potentially saw the #ThisIsOurShotSJ content three to five times during the campaign.

## #ThisIsOurShotSJ #StayHealthySJ Metrics



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Image 2: San José Social Media Vaccination Campaign [https://knightfoundation.org/wp-content/uploads/2021/07/20jul2021\\_Knight-x-SanJose\\_COVID19-Vaccine-Program-Pilot-Case-Study-submitted.pdf](https://knightfoundation.org/wp-content/uploads/2021/07/20jul2021_Knight-x-SanJose_COVID19-Vaccine-Program-Pilot-Case-Study-submitted.pdf)

By January 2022, there were approximately 9,000 COVID-19 Booster shots administered a day. The County of Santa Clara Public Health Department developed a guide on at home isolation and quarantine guidelines for its residents. Small businesses were also provided information about the “Omicron” variant to aid in preventing the spread of the virus. By January 18, 2022, 88.1% of all children 5 years and older had been vaccinated.<sup>26</sup> As February 2022 began COVID-19 cases continued to fall and a new quarantine guidance was released that allowed people to get back to work faster.<sup>27</sup> As the state of California and City COVID-19 cases continued in a downward trend, the State lifted their mask mandate by mid-February, but Santa Clara County kept their mask mandate for at least cloth-based masks to be worn.<sup>28</sup> Over the majority of 2022, with the help of the City, the

<sup>25</sup> XOMAD, Knight Foundation, & City of San José. (2021). COVID-19 Vaccine Outreach Case Study. XOMAD.

<sup>26</sup> January 2022 EOC Leadership Meeting.

<sup>27</sup> February 2022 EOC Leadership Meeting.

<sup>28</sup> February 2022 EOC Leadership Meeting.

recovery task force committee participated in an iterative process to draft recommendations to improve and progress city efforts for its community members. These recommendations were categorized into seven themes:

- Childcare, Early Care and Education, and Youth Development
- Community Engagement
- Community Health and Wellness
- Housing
- Just Recovery for Airport, Hotel, and Arts Workers
- Supporting Small Business
- Workers' Health, Safety, and Rights

The City of San José Recovery Task Force Report was published in November 2022 and identified the FY 2022 – 2023 initiative priorities which include, housing stabilization, re-employment and workforce development, small business recovery and resilience, and build back better ad recovery task force.<sup>29</sup> As of this report, the plan is currently still active and recovery efforts for COVID-19 are ongoing.

## DATA ANALYTICS TIMELINE

A detailed timeline of data milestones surrounding the City of San José's pandemic response and recovery activities and successes can be found at the end of this report.

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<sup>29</sup> 2022 City of San José COVID-19 Recovery Task Force Report.



## ANALYSIS OF FINDINGS

### 1.0 EOC OPERATIONS

#### STRENGTHS

##### **FINDING 1.1: Communication between Emergency Operations Center (EOC) staff and community-based organizations improved coordination.**

Close communications between EOC staff and community-based organizations (CBOs) improved coordination as well as reduced confusion and uncertainty during the pandemic response. In having contact and communication between the City and CBOs or community partners, it allowed for enhanced situational awareness for all entities involved. It created a general understanding of the assistance available from the City for CBOs as well as improved EOC staff awareness of unmet needs within the community.

**Recommendation 1.1.1:** Continue to foster relationships with CBOs. This may include exploring the establishment of memorandums of understanding (MOUs) to make responses to future incidents more efficient.

##### **FINDING 1.2: EOC staffing positions were based on individuals' skillsets, and not on seniority.**

Stakeholders noted<sup>30</sup> one of the strengths of the City of San José during its response to COVID-19 was that in developing an effective EOC, officials began by asking which employees should fill EOC positions. They specifically asked for high functioning/high performing City staff to be assigned to EOC/response operations. Staffing decisions were made not based on someone's title or level of seniority, but rather their ability to perform their EOC duties. Choosing individuals to lead based on skills, and not seniority is a principal in the Standardized Emergency Management System, and this concept was carried out well by the City.

##### **FINDING 1.3: Staff remained agile and flexible, taking on additional roles to ensure the EOC operated smoothly.**

Throughout stakeholder interviews, one repeated compliment to the EOC operation and its staff was their agility. Based on staff survey responses, 80% of EOC members completing the survey had not worked in an EOC before.<sup>31</sup> However, their agility and flexibility allowed the EOC to operate smoothly, with some people assuming multiple roles. Another characteristic of the EOC's staff was their selflessness. As mentioned in stakeholder workshops, the EOC never lost sight of the fact that the "customer" was the residents of San José.

The flexibility of the EOC was also demonstrated in the adjustments in organizational structure to meet the response objectives. Over time, sections adapted to include units necessary to meet operational needs, and

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Auditor, C. o. (2022). *COVID-19 Food Distribution Expenditures: The City Should Address Gaps in Emergency Documentation and Procedures*.

(n.d.). *City of San José Office of the City Auditor – Report to the City Council: COVID-19 Food Distribution Expenditures: The City Should Address Gaps in Emergency Documentation and Procedures (October 2022)*.

<sup>30</sup> 2022 City of San José COVID-19 After Action Report Large Group Workshop.

<sup>31</sup> 2022 City of San José COVID-19 After Action Report Large Group Workshop.

branches were expanded and contracted. At the beginning of this operational period of assessment (October 2020), the EOC organizational chart included 11 sections/branches within the command structure:

1. Personnel Branch
2. Compliance Branch
3. Virtual Community Engagement Branch
4. Powered by People 2.0
5. Emergency Public Information Officer (EPIO) Branch
6. Community and Recovery Branch
7. Operations Sections
8. Planning Section
9. Logistics Section
10. Finance and Administration Section
11. Recovery Section

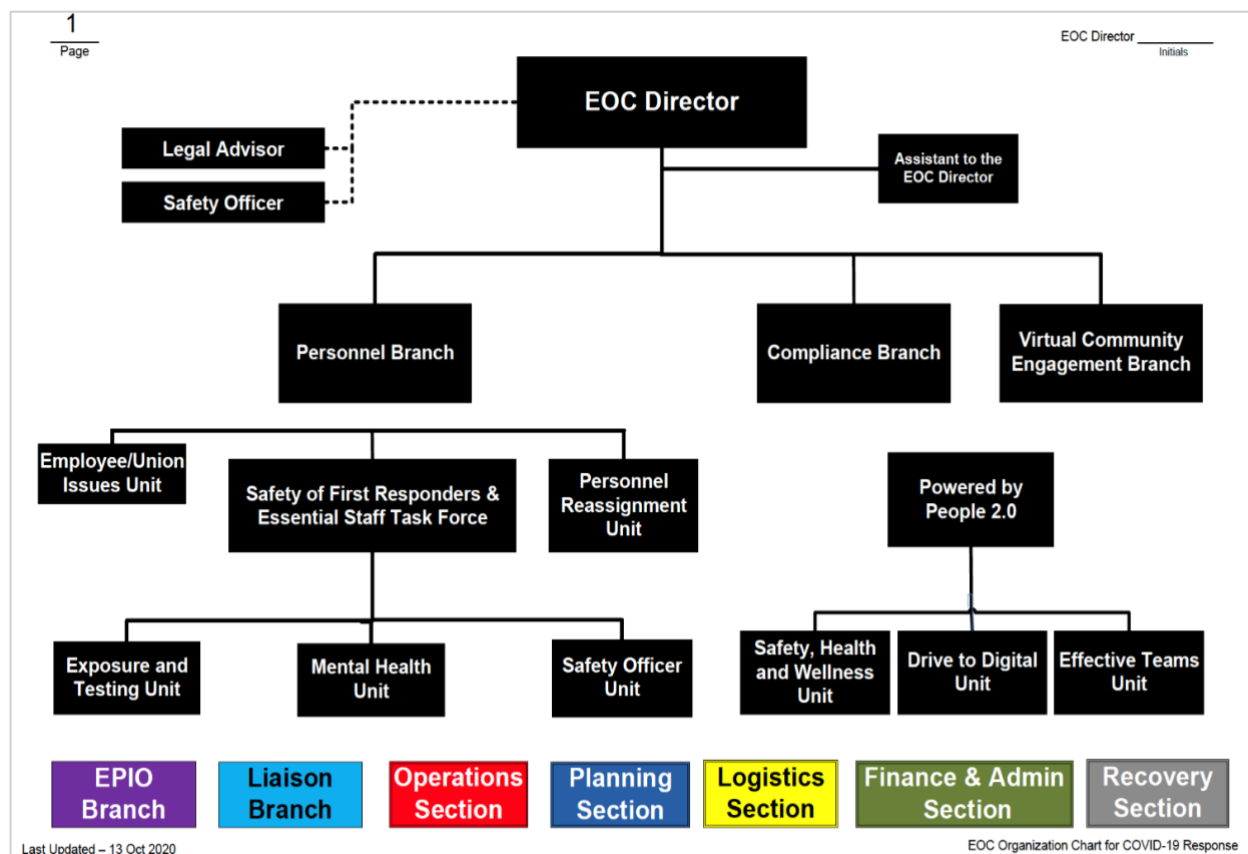


Figure 2: San José COVID-19 Organizational Chart 9/29/2020 – 10/26/2020. 2020 EOC Activation Plan – Activation COVID-19 for Op Period Week 19.

By June 2021, the only sections/branches active were the Community and Economic Recovery Task Force, EPIO, Operations Section, Planning Section, Logistics Section, Finance and Administration Section, and Recovery Section.

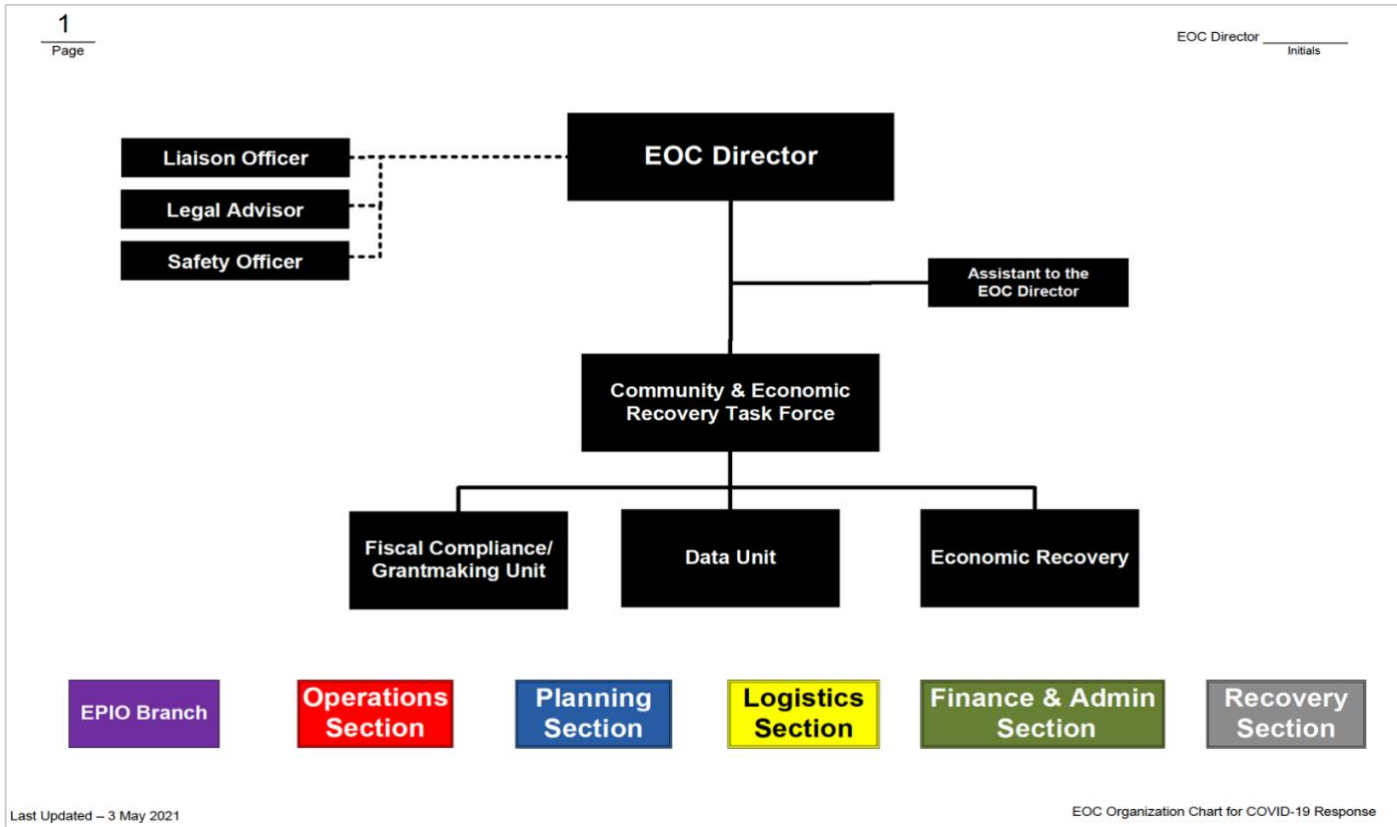


Figure 3: San José COVID-19 Organizational Chart 6/2/2021 – 6/30/2021. 2021 EOC Activation Plan – Activation COVID-19 for Op Period Week 27.

The Operations Section changed to meet the evolving needs and response activities. The following figures show how the structure within the Operations Section shifted and evolved. For instance, in October 2020, the Essential Onsite Staff Family Support Branch included a Childcare Unit but by December 2020, the branch was dissolved, and a Childcare Branch was added to the section. The addition of a Volunteer Management Branch and the expansion of branches such as BeautifySJ and Digital Inclusion also happened in late 2020 to early 2021. However, by June 2022, the Operations Section was significantly reduced in size and complexity with a shift to only including At-Risk, Vaccination Campaign, and Emergency Housing branches.

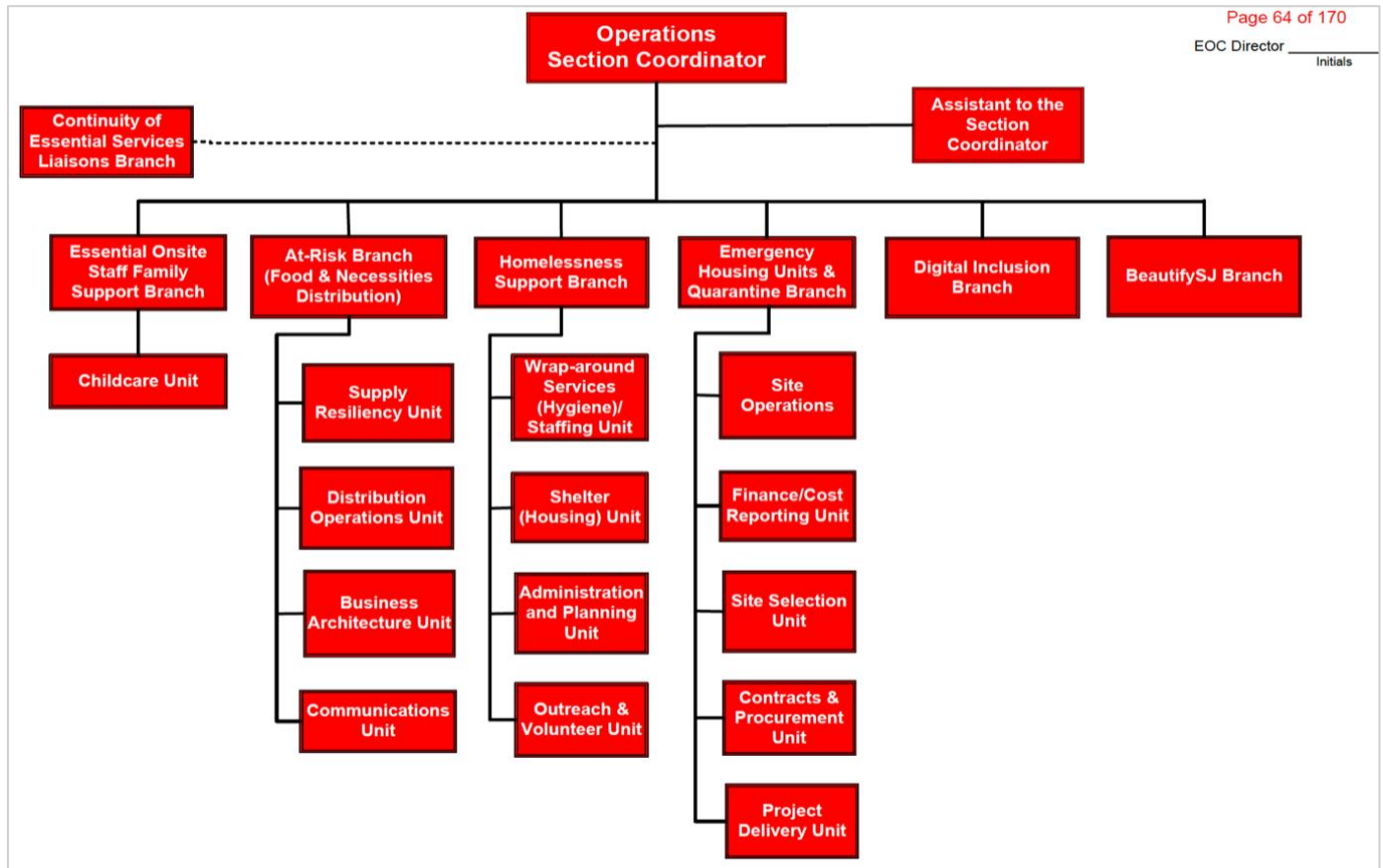


Figure 4: San José COVID-19 Organizational Chart 9/29/2020 – 10/26/2020. 2020 EOC Activation Plan – Activation COVID-19 for Op Period Week 19.

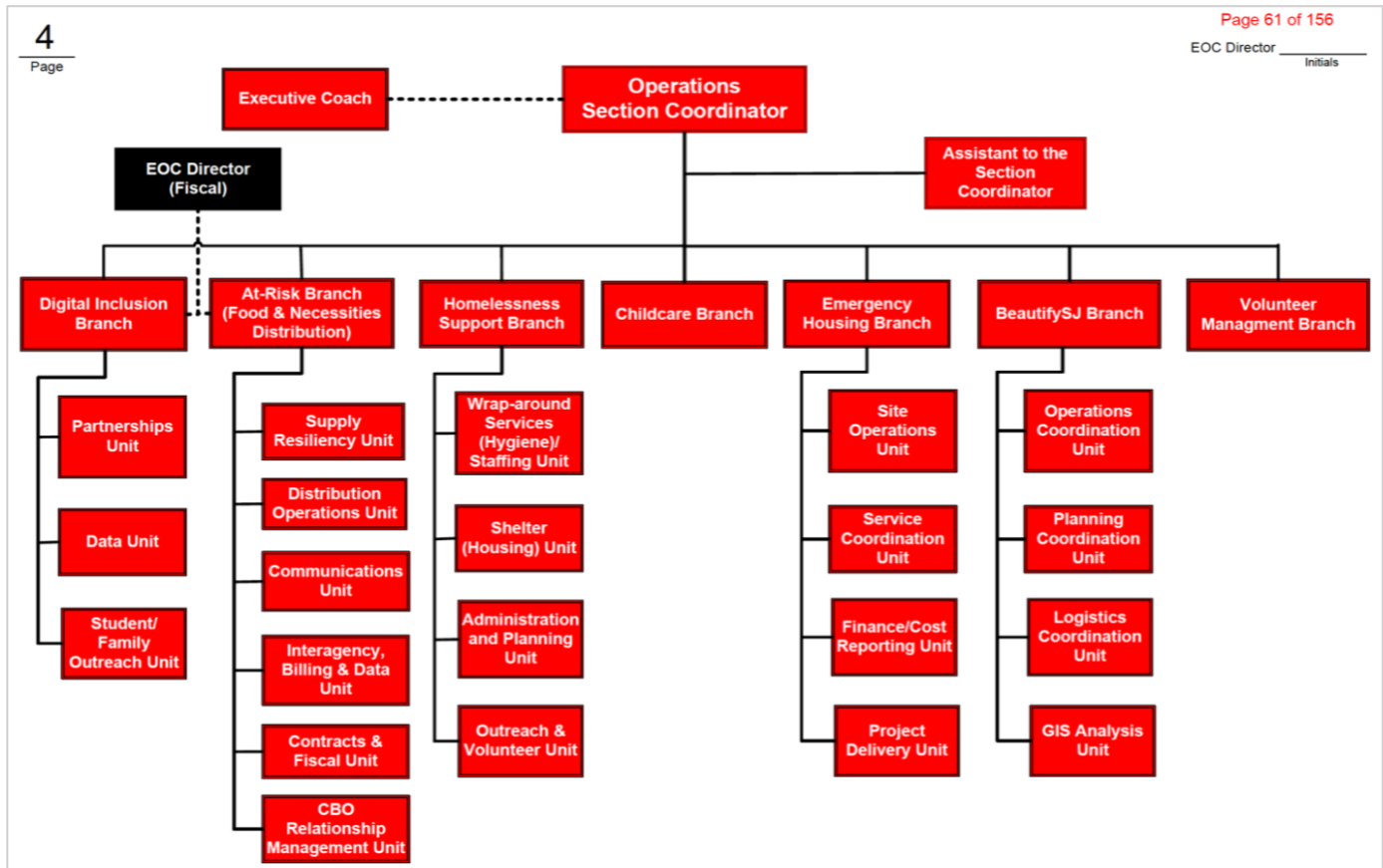


Figure 5: San José COVID-19 Organizational Chart 12/15/2020 – 1/11/2021. 2020 EOC Activation Plan – Activation COVID-19 for Op Period Week 21.



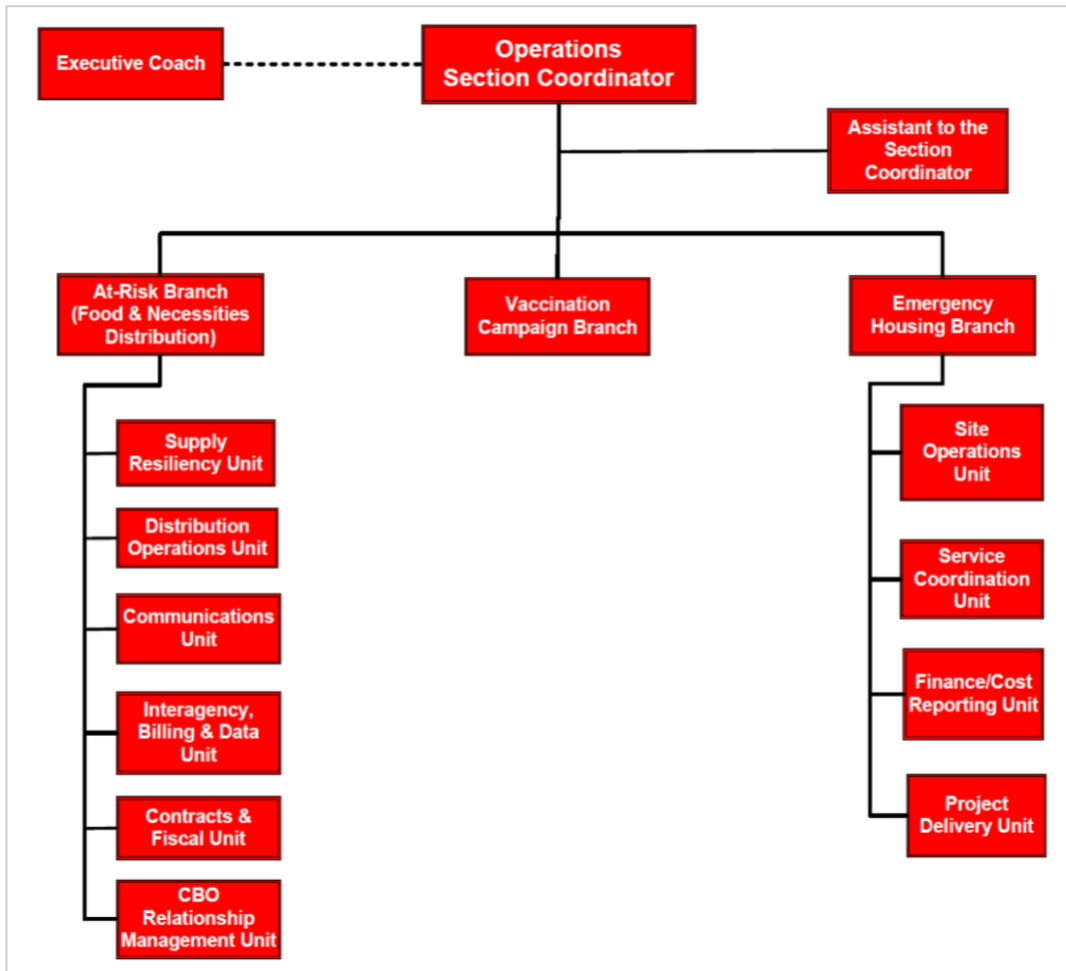


Figure 6: San José COVID-19 Organizational Chart 6/2/2021 – 6/30/2021. 2021 EOC Activation Plan – Activation COVID-19 for Op Period Week 27.

**Applicable recommendations from the Operational Assessment Report from October 2020 that relate to After Action Report findings:**

- **Operational Assessment Report Recommendation 2.3:** Continue developing the City's multi-year training and exercise program (MYTEP) to include scenarios such as pandemic, and production and development of online/virtual training for onboarding purposes for personnel who have not previously received trainings.
  - Progress: The City of San José Emergency Management Workgroup Policy Subgroup approved the MYTEP in December 2022.
- **Operational Assessment Report Recommendation 2.9:** To promote connectedness across the EOC organization, EOC leadership should continue to conduct and maintain regular Town Hall Meetings specifically focused on staff morale and mental health.
  - Progress: This recommendation was implemented for the remainder of the EOC activation until initial demobilization in February 2022.

## AREAS FOR IMPROVEMENT

### FINDING 1.4: There was limited training or qualification requirements for EOC staff.

Although EOC staffing was commended by stakeholders for filling positions with people most properly suited for the role, multiple workshop participants noted many staff had a lack of training or familiarity with the EOC and its operations. A specific example shared was that there was limited training or qualification requirements for EOC staff and Public Information Officers (PIOs) relating to social media usage and language equity. Workshop participants also indicated that individuals in the EOC did not always fully understand their role or why they were picked for the position. This was also supported by 22% of respondents to the San José COVID-19 staff survey who reported feeling they did not have the tools and resources needed to meet the expectations of their role from November 2020 - February 2022.

**Recommendation 1.4.1:** Consider the opportunity to continue to create and implement the City's MYTEP to include expanding the emergency management training and exercise program. As part of the MYTEP, every six months assess who is assigned to the EOC and target training for those identified staff members.

- Progress: MYTEP was approved by the Emergency Managers Workgroup in December 2022.

### Applicable recommendations from the Operational Assessment Report from October 2020 that relate to After Action Report findings:

- **Operational Assessment Report Recommendation 1.7:** The City should determine the best strategy for promoting awareness of City Charter, Section 203 as part of its existing EOC training program and the City's new employee orientation program.
  - Progress: the new employee orientation presentation on being a Disaster Service Worker was updated to include this reference.
- **Operational Assessment Report Recommendation 1.9:** The City should refine the documented lessons learned and best practices from the COVID-19 EOC staffing approach and codify them as a repeatable strategy should the City need to rapidly scale up the EOC organization in the future when there are known EOC training and/or experience gaps among City staff.

### FINDING 1.5: Staff turnover in EOC positions resulted in inconsistent points of contact.

The long duration of EOC operations and frequent turnover in staffing of EOC positions resulted in communication roadblocks. While working in the EOC, City staff developed relationships, built trust with community partners, and collected vital contact information. However, when new staff rotated in, those relationships needed to be rebuilt. It was particularly challenging for partners to maintain relationships when contact information changed. EOC positions did not have a consistent email address so partners may follow up with their City points of contact only to find they were no longer in the EOC.

There was an existing policy ensuring staff were briefed upon starting in the EOC. However, the implementation of this policy was possibly inconsistent and there were challenges in tracking who was briefed and who needed to be. When new staff were unfamiliar with EOC operations and/or did not receive clear details on points of contact, productivity decreased. Each staffing transition made without clear briefings/hand offs required staff to recreate efforts the previous staff member already completed.

### Applicable recommendations from the Operational Assessment Report from October 2020 that relate to After Action Report findings:

- **Operational Assessment Report Recommendation 1.10:** The City should develop EOC orientation messaging, dispatch instructions, and other materials to include short videos that can be utilized as just-in-time training for new EOC recruits.
- **Operational Assessment Report Recommendation 2.12:** EOC leadership should task the appropriate team member(s) with developing a virtual status board for each Branch and Section of the EOC. At any time, EOC staff members should be able to look at the virtual status board of any organizational element to gain an understanding of its role within the organization, the current initiatives and/or priority projects it is managing, and any potentially helpful tools/resources it has already developed that can be used as a resource. The virtual status board should also enable the staff member to upload a short video in an effort to help introduce EOC staff members to one another.

**FINDING 1.6: A perceived lack of inclusion of Collaborating Agencies' Disaster Relief Efforts (CADRE) in planning and information sharing highlighted a lack of clarity on the response structure.**

Previous disasters within the City and county demonstrated that CADRE was a valuable partner but coordination with this group needed to be streamlined. The resulting response structure determined by the City and county was that if an emergency's impact was restricted to the City, CADRE would be part of that EOC and directly coordinate response efforts with the City. However, if the event had countywide impacts, the county would be liaising with CADRE, not the City.

While discussing partnerships between the City and community organizations to respond to COVID-19, CADRE was noted as a key player in supporting response efforts. Community workshop participants indicated CADRE supported coordination efforts for successful operations such as vaccination clinics for target populations and rental and food assistance. It also provided a lifeline to the San Jose's most vulnerable populations by assisting with the dissemination of education and outreach materials. Over the course of the event, CADRE established recurring meetings with CBO's and non-profits to share information, coordinate operations, and align their objectives with the jurisdictions' response efforts. Another partnership the City relied on to connect with multiple CBOs was the Silicon Valley Council of Nonprofits.

It was perceived that the organization did not have adequate situational awareness of the City's COVID-19 response activities.<sup>32</sup> Since the pandemic impacted the entire county, CADRE was liaising with the county EOC and not the City's, as prescribed by previously planning and training with the county. The dissatisfaction with not being part of the City EOC demonstrates some confusion around where and how CADRE fits into the local response structure. It also showed there was a need for increased direct contact with the City as well as the county to obtain current and timely information.

**Recommendation 1.6.1:** Explore examining the response structure as a group (City, county, CADRE) to determine the best way to share information and incorporate CADRE into a response to events that impact the full county.

**FINDING 1.7: There were conflicting job duty expectations on staff working within the EOC.**

An issue expressed among workshop participants was that during the last operational phases of the EOC, there was a renewed focus on regular job duties. Day-to-day responsibilities needed to be filled, however, operations in the EOC remained the same. Some staff were expected to fill the responsibilities of both their daily position

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<sup>32</sup> 2022 City of San José COVID-19 After Action Report Large Group Workshop.

and their response role. These two positions were expected to be conducted simultaneously which caused stress on employees and made it difficult to maintain work/life balance.

**Recommendation 1.7.1:** Within the Continuity of Operations Plan (COOP) for the City, consider identifying the number/type of continuity personnel needed to maintain essential functions and the number/type of response personnel needed. Work with departments to ensure departments allow staff to work from the EOC and reassign work, so staff are not overwhelmed completing two jobs.

- Progress: This recommendation is underway as of December 2022 as the City of San José COOP is updated.

## 2.0 CITY OF SAN JOSÉ OPERATIONS

### STRENGTHS

**FINDING 2.1:** The use of QR codes to indicate if staff were free of COVID-19 related symptoms before starting work was implemented.

During the response, the City include the use of QR codes to indicate if staff were free of COVID-19 related symptoms before starting work.<sup>33</sup> Prior to the use of QR codes, City employees were screened for COVID-19 related symptoms, positive COVID-19 test results, or possible exposure to the virus by another staff member. This created staffing issues as it required employees to be physically present to conduct screening taking making it harder for staff to cover other shifts, especially during the holidays. The QR code process reduced the need for staff to be on site to screen employees and shifted screening promotion to emails, surveys, office billboards, and elevator posters.<sup>34</sup>

**QR Codes provided City employees with safe working environments and limited potential spread of COVID-19 through reduced in-person check in policies.**

When using the QR code, City employees filled out key information, such as the date, which facility they were at, personnel type, and employee ID. Once employees submitted the form confirming they were not exhibiting any identified COVID symptoms, they were allowed to be in the facility and work.<sup>35</sup>

The data gathered by these QR codes were managed and tracked by ArcGIS dashboards. Staff with access to this dashboard could see the total number of check-ins of the day, number of employees, contractors, and/or vendors that checked in, and if someone did not pass the check in process. The dashboard also allowed staff to gather data for specific sites/facilities in the City.<sup>36</sup>

The use of QR Codes proved to be a great addition to ensuring City operations were continuing daily and City staff were conducting their work in a safe work environment.

**Recommendation 2.1.1:** Consider applicable City department(s) to review opportunities to expand the use of a QR code screening process to include other diseases for future use (e.g., MPox, influenza).

**FINDING 2.2:** City Council sessions shifted to virtual to allow for continuity of government while remaining publicly accessible and following public health guidelines.

It was vital for the City to maintain continuity of government, which included hosting publicly accessible City Council sessions. Prior to COVID-19, the Brown Act dictated that officials and members of the public must be physically present at governmental meetings to participate. However, in March 2020, Governor Newsome waived this requirement through an executive order to authorize local governments to provide public meetings

<sup>33</sup> 2022 City of San José COVID-19 After Action Report Small Group Interview.

<sup>34</sup> 2022 City of San José COVID-19 After Action Report Small Group Interview.

<sup>35</sup> 2022 City of San José COVID-19 After Action Report Small Group Interview.

<sup>36</sup> 2022 City of San José COVID-19 After Action Report Small Group Interview.



virtually.<sup>37</sup> The City of San José therefore shifted to virtual City Council sessions and avoided having any meetings cancelled. City bodies were able to continue their business and move forward on departmental, programmatic, and development projects. Budget and financial approval items stayed on schedule and were approved in an efficient manner. Continued City Council sessions also provided a distinction between the roles of Emergency Operations Center (EOC) staff and that of the mayor and council members. Adapting to virtual sessions and continuing them bifurcated emergency response functions and continuity of government activities. It also allowed for transparent and timely communication between EOC leadership and elected officials while maintaining opportunities for engagement by City residents. With the passing of AB 339, local governments continue to be required to conduct all open and public meetings with an opportunity for participation through a two-way telephonic or internet-based option until December 31, 2023.<sup>38</sup>

**Recommendation 2.2.1:** Explore if/how to track changes in AB 339 and the Brown Act to determine if/how to maintain community input during City Council sessions via virtual or hybrid options (e.g., phone, internet).

### FINDING 2.3. Automated systems were advanced/incorporated into daily processes.

In response to the COVID-19 pandemic and the need to shift to a virtual / remote working environment, the City incorporated automated systems into their daily processes.<sup>39</sup> These systems included the use of a business process automation (BPA) workflow software. The software provided a way to digitally route requests through the approval process, which included the use of electronic signatures.<sup>40</sup> The City found this new process easy to use especially in the new remote / working-from-home environment.<sup>41</sup>

**Recommendation 2.3.1:** Consider working with departments to identify additional systems that could be incorporated into daily processes to enhance the City's operational performance. This may include working with software developers or companies as they begin to implement potential new systems and/or software in the future.

### FINDING 2.4: The Scrum process was quickly integrated into the EOC early in the pandemic.

Scrum<sup>42</sup> is a framework within which people can address complex adaptive problems, while productively and creatively delivering products of the highest possible value. Stakeholders praised the Scrum integration into EOC operations multiple times during large group workgroup sessions, and the City continues to utilize its action planning process following COVID-19 response operations. The strong cognitive diversity of Scrum allowed for a very agile organization process.

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<sup>37</sup> Rode, Erin. "Will City Governments Continue Virtual Meeting Options Post Pandemic? Palm Springs Desert Sun. Bill would require virtual options for post-pandemic City Council meetings." May 3, 2021. <https://www.desertsun.com/story/news/2021/05/03/bill-would-require-virtual-options-post-pandemic-city-council-meetings/4855711001/>. Accessed February 6, 2023.

<sup>38</sup> California Legislative Information. AB-339 Local Government: Open and Public Meetings. [Bill Text - AB-339 Local government: open and public meetings](#). Accessed 2/6/2023.

<sup>39</sup> 2022 City of San José COVID-19 After Action Report Small Group Interview.

<sup>40</sup> 2022 City of San José COVID-19 After Action Report Small Group Interview.

<sup>41</sup> 2022 City of San José COVID-19 After Action Report Small Group Interview.

<sup>42</sup> What is Scrum? (n.d.). *Scrum.org*. <https://www.scrum.org/resources/what-is-scrum>.

## AREAS FOR IMPROVEMENT

### FINDING 2.5: The library system was expected to reopen without the appropriate staff available.

Many City library staff helped fill EOC positions as well as conduct response activities. As City services began to reopen, it was challenging for many departments to balance staffing needs as employees continued response roles. In particular, libraries were mentioned by stakeholders to have experienced this strain as they were tasked with reopening while staff continued filling positions at the EOC.<sup>43</sup> With the inability to hire additional people to support both the libraries and the EOC, some employees who did not hold EOC positions were asked to take on additional responsibilities on top of their current role within the library system. This created a challenge for staff and limited their ability to perform day-to-day activities therefore making departmental operations difficult.<sup>44</sup>

**Recommendation 2.5.1:** Explore working with City departments to expand the number of people who may be sent to the EOC in the event of an activation.<sup>45</sup> This may include tracking what roles these personnel have held during previous activations, the type of training they have, etc.<sup>46</sup>

### FINDING 2.6: High staff turnover affected resource management processes.

High turnover amongst City staff was a challenge throughout the COVID-19 response. This particularly impacted the purchasing and resource tracking activities within City departments. Due to high turnover, new staff were expected to quickly take on required roles and responsibilities with often little time to brief them on what had happened in the role prior to them joining. As a result, high turnover created instances of miscommunication and a loss of continuity when it came to tasks that took time to complete. One key example of this was in regard to resource management, such as budget awareness, status of purchases or resource requests, continuation of recurring purchases, and legacy vendors.<sup>47</sup> Although there was a stable, small team leading emergency finance and purchasing processes, when departments across the City experienced turn over, there were challenges as new employees learned contracts, contract management, and invoicing statuses.

**Recommendation 2.6.1:** Consider having City departments establish a transition plan and/or onboarding packet for new staff to review regarding contracting, purchasing, and/or resource management information to limit miscommunication during high staff turnover.

### FINDING 2.7: There was a lack of understanding around the purpose of Activity Log forms leading to staff considering the process time consuming and duplicative to timekeeping.

During the pandemic, personnel were required to complete Incident Command System (ICS) 214 Activity Log forms when working within the EOC. Staff were unsure as to why the Activity Log form was needed and what information was most important for reimbursement or tracking purposes.<sup>48</sup> Interviewed staff believed the forms were for timekeeping purposes and perceived them to be time consuming and duplicative. This was because staff already had to report and log their time in the standard payroll system. However, purpose of the Activity

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<sup>43</sup> 2022 City of San José COVID-19 After Action Report Large Group Interview.

<sup>44</sup> 2022 City of San José COVID-19 After Action Report Large Group Interview.

<sup>45</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

<sup>46</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

<sup>47</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

<sup>48</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

Log was to record details of notable activities in the EOC to track incident activities, identify decisions and next steps to implement them, and document details around contacts made, etc.

**Recommendation 2.7.1:** Consider having Finance and Emergency Management departments work together to create guidance clarifying the purpose of Activity Log forms and differentiate the completion of the forms from standard timekeeping processes. This may include:

- Identifying what information is needed for disaster staffing tracking and reimbursement.
- Determining the most efficient way to collect information needed for Activity Log forms and/or timekeeping during a disaster via the payroll system to consolidate data for submission.
- Training staff on common Incident Command System (ICS) forms, their purpose, and how they differ from other processes.

## 3.0 EMERGENCY OPERATIONS CENTER (EOC) STAFF SAFETY AND WELLNESS

### STRENGTHS

**FINDING 3.1:** Staff continued to mobilize and operate well in a remote working environment.

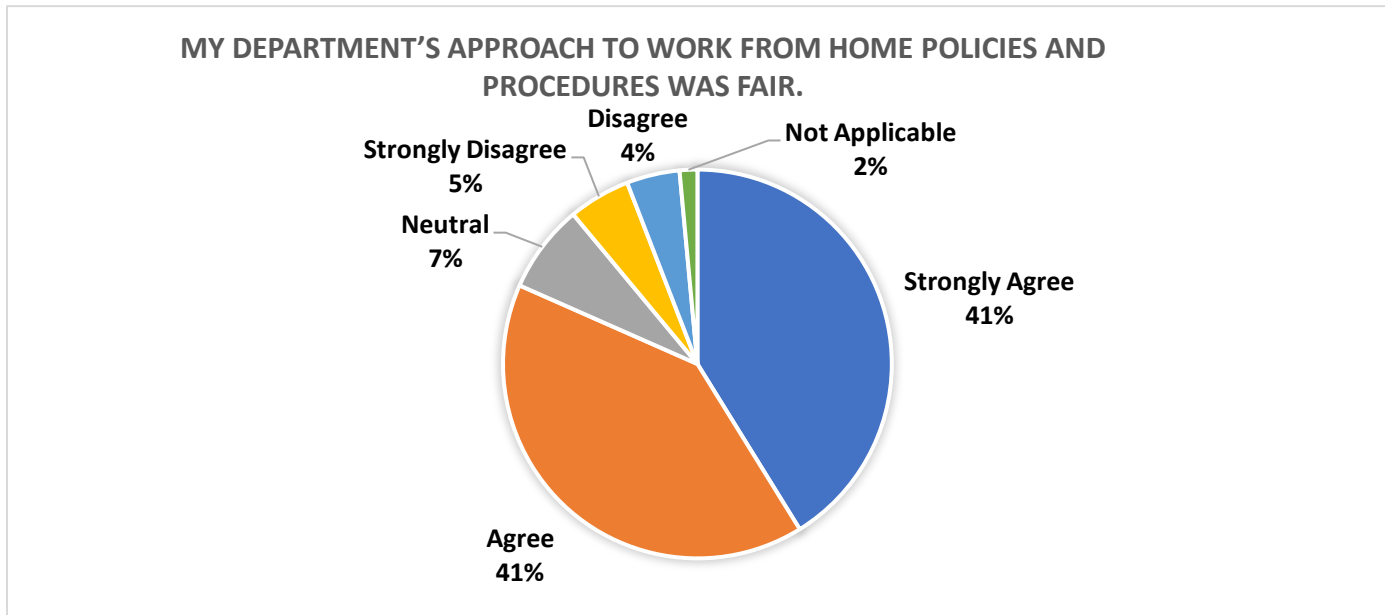


Figure 7: 2022 City Staff Survey Question.

COVID-19 brought on many challenges with the unpredictable nature of the virus. City employees had to adjust to different working environments and determine how to balance work with home life. This could be challenging for some staff as children were learning from home with virtual schooling. The remote work environment brought its own challenges due to the various platforms and learning curve that can come from switching to virtual operations. During the pandemic, amid the response, EOC staff were asked to learn how to continue their EOC position virtually. Working remotely can cause staff to experience more self-isolation. Staff that were assigned to work in the EOC experienced high levels of stress and were often working on the weekends with little to no break. Despite this, EOC staff was able to continue to work from home seamlessly during the changing environment that COVID-19 presented such as becoming comfortable with virtual work despite the isolation the virtual environment can bring.

**Recommendation 3.1.1:** Consider having the Emergency Managers Workgroup (EMWG) provide regular training to City-wide staff on the necessary technology that would be utilized during remote work to ensure staff remain able to transition to a virtual environment with ease.

**FINDING 3.2:** The EOC staff showed tremendous dedication, compassion, and commitment to the job despite the intense workload.

While the EOC staff supported each other throughout the entirety of the pandemic, the stress staff members experienced intensified due to the length of the event. Staff who supported the EOC sometimes worked in positions they had little to no experience in, and this let emerging leaders shine through. These rising stars contributed to innovative thinking and a problem-solving mentality. Leadership and supervisors ensured they took the extra time to check in on their personnel. Those moments carved out by leadership allowed staff to

have the space to breathe and stay focused. EOC staff dedicated specific meetings as “fun meetings” throughout the activation. These meetings allowed people to have an outlet for release, which enabled them to be able to return back to work more invigorated. Along with these “fun meetings,” there were other dedicated sessions which allowed staff to express the challenges they were experiencing. This allowed other staff members to offer their support, work with each other, and alternate weekend shifts when applicable.

**Recommendation 3.2.1:** Explore opportunities to continue to increase transparency with staff during the onboarding process regarding why they were chosen to work in the EOC.<sup>49</sup>

**Recommendation 3.2.2:** Consider including within the updated Continuity of Operations (COOP) staffing needs for essential services/functions to determine the maximum number of people who can be shifted from each department to EOC operations without disrupting continuity and not working two jobs at the same time.

- Progress: This recommendation is underway as of December 2022 as the City of San José COOP is updated.



Image 3: July 2021 EOC Staff Appreciation Event. Photo credit to Mary Anne Groen.

**FINDING 3.3:** The City adapted Powered by People Enterprise Priority to version 2.0 by increasing virtual wellness programs.

**“Having the Senior Executives and Senior staff event focus on trauma-informed care allowed a space for staff to connect and discuss important topics around trauma care.”**

**Powered by People Small Group 2022 Workshop**

As mentioned in the October 2020 Operational Assessment Report, San José initiated a Powered by People Enterprise Priority prior to the pandemic response. During this operational period, Powered by People 2.0 was established and most of the activities and resources available to staff became virtual. Part of this included providing trauma informed care and wellness webinars.<sup>50</sup> This was of particular importance during this

<sup>49</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

<sup>50</sup> City of San José Virtual EOC Action Plan. March 8, 2021.



operational period of assessment since other emergencies continued to occur. Active shooter events, wildfires, and widespread protests required the EOC to respond on top of the ongoing pandemic response. Repetitive and compounding response activities can be burdensome, traumatic, and can cause burnout in EOC staff. The trauma informed care program started with Senior Staff and an additional 600 employees getting trauma-informed care training. The City brought in the vendor National Council of Mental Well-Being, to help employees understand how to be impactful to other employees and understanding of their traumas as well as help understand how people may have past traumas that will be reactivated because of the pandemic.<sup>51</sup>

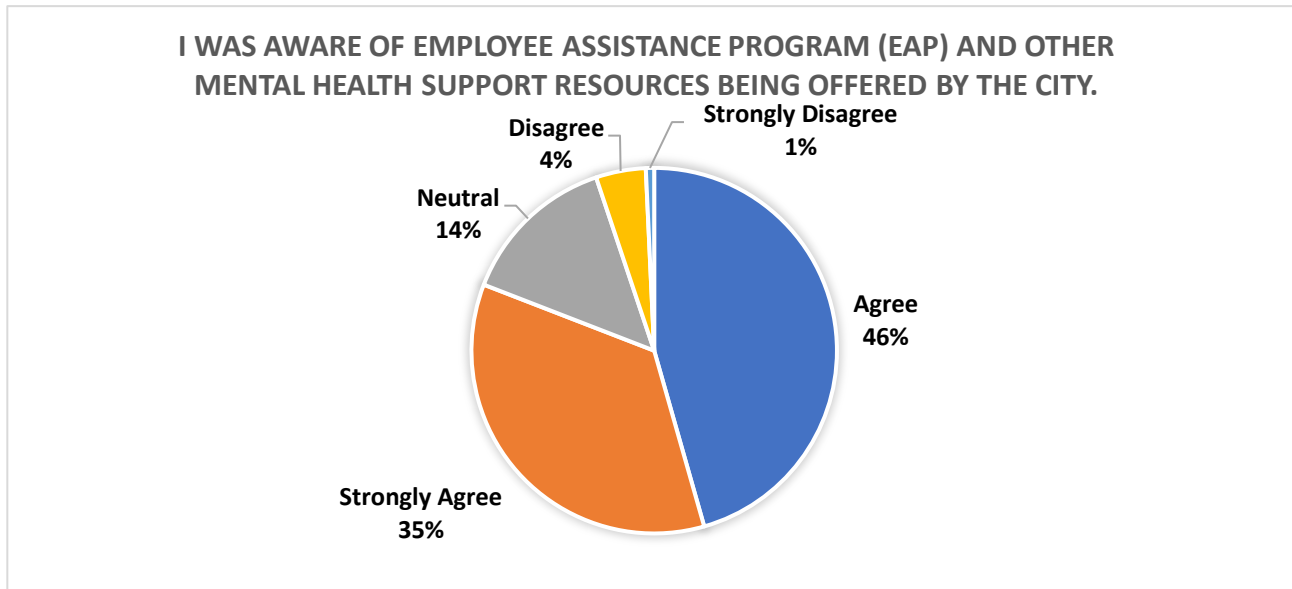


Figure 8: 2022 City Staff Survey Question.

During this operational period of assessment, activities within the Powered by People 2.0 initiative included:<sup>52</sup>

- Completing a staffing plan to support return to workplace efforts;
- Coordinating with multiple department and divisions to effect changes to facilities, work processes, and technologies;
- Conducting ongoing disinfection/cleaning after potential exposure to COVID-19 from visitors or staff;
- Online meditation sessions; and
- Online walking challenges.

City leadership throughout 2021 and 2022 promoted the Employee Assistance Program (EAP). The City would host these virtual workshops weekly and would use city-wide communications and liaison groups to update employees on COVID-19 updates as well as available resources for employees to utilize virtually.<sup>53</sup> The EAP offered the following services:

- Financial wellness classes

<sup>51</sup> 2022 City of San José COVID-19 After Action Report Small Group Interview.

<sup>52</sup> City of San José Virtual EOC Action Plan. November 16, 2020.

<sup>53</sup> 2022 City of San José COVID-19 After Action Report Small Group Interview.

- Meditation series
- Workshops on eating healthy and reducing stress
- Virtual health fair
- Live cooking demos around healthy nutrition
- Yoga with employees' children being encouraged to attend

## AREAS FOR IMPROVEMENT

**FINDING 3.4:** Staff experienced burnout related to conflicting responsibilities, role expectations, and continued juggling of both an EOC position and day-to-day job duties.

It was noted in multiple large and small group workshops that staff members were expected to juggle the EOC roles and their regular work. Many staff felt they had too many responsibilities and felt pulled between roles as they were assigned to multiple departments, which ultimately led to staff burnout. It was also reported that people felt “whiplash” when shifting from work in the EOC back to day-to-day duties without a transition period. Once the City began demobilizing the EOC and shifting the focus of efforts onto recovery, there was an expectation by staff outside of the EOC that everything would “return to normal” without realizing EOC operations were continuing at the same pace. People filling both response and day-to-day roles experienced unrealistic expectations from colleagues around how quickly regular activities would be completed.

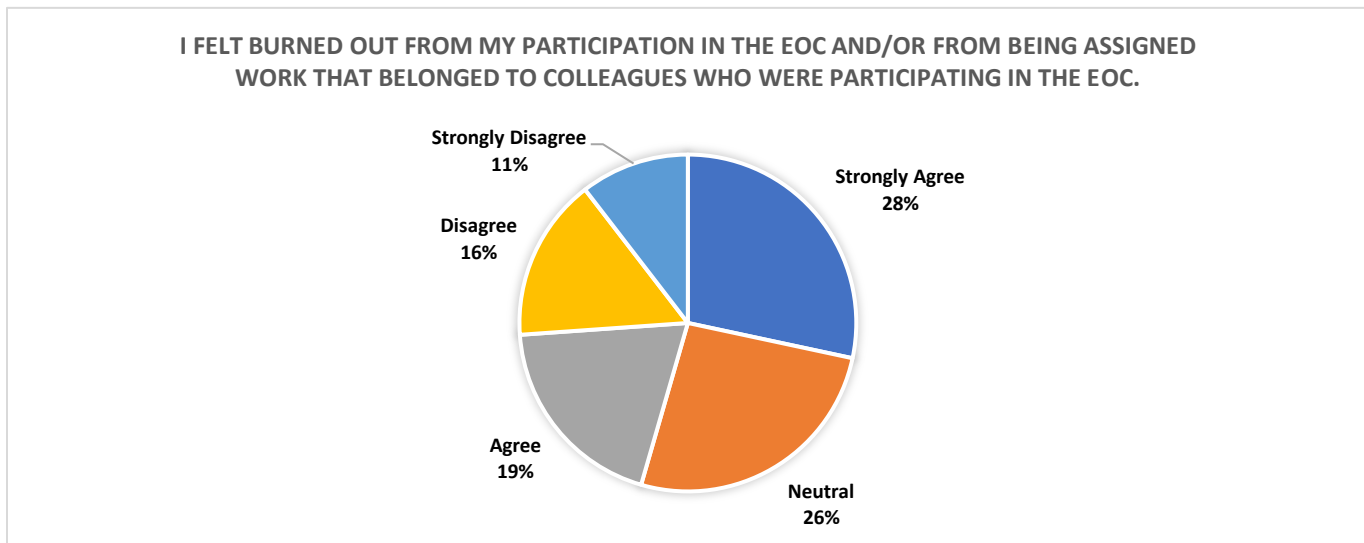


Figure 9: 2022 City Staff Survey Question.

Concern over unfairness was noted by many participants holding dual roles. For instance, some workshop participants felt managers were not privy to the amount of work required of staff in the EOC. Department leads and supervisors were also reported to not fully understand the activities staff were engaged in within the EOC. Not all staff members were able to talk with their managers to reset expectations once they were working both roles. It was hard for staff members to constantly update their regular supervisors on their activities within the EOC and was often mentally draining to do so. There was also a concern that while staff were deployed to the EOC, they were missing out of obtaining experience directly related to their daily jobs.

Participants in workshops were concerned that de-prioritizing the day-to-day job duties of EOC staff, and a lack of understanding by managers could contribute to poor evaluations or long-term impacts on professional

growth. For instance, one EOC staff member reported getting a negative review from their manager for not meeting the targets in their regular role. The supervisor had to be informed of the employee's EOC duties for the employee to refute the negative review.

EOC staff reported there was level of miscommunication and understanding they received from their normal work counterparts. There were members in the organizations at high levels that were not aware of EOC operations and were unaware of what the staff was doing. EOC staff would hear "it is great you are coming back to work" when they felt as though they worked harder than ever before in their job. It was reported that staff felt as though their hard work was being dismissed since it was not widely known, which sometimes contributed to staff retiring early.

**Recommendation 3.4.1:** Work with Human Resources and Office of Employee Relations to create guidance on monitoring stress, informing supervisors of the priority of work in the Emergency Operations Center, how to include Emergency Operations Center work into the employee annual review, and requirement to give breaks in transitioning staff to ensure the employee's mental wellness.

**Applicable recommendations from the Operational Assessment Report from October 2020 that relate to these After Action Report findings:**

**Operational Assessment Report Recommendation 4.2:** Continue maintaining clear avenues of communication between leadership/management and staff. The use of townhalls could be expanded to provide opportunities to disseminate information while also answering questions and addressing concerns.

- Progress: Following the Operational Assessment Report until initial demobilization of the EOC, townhalls were held on a monthly basis.

**FINDING 3.5: Staff burnout was prevalent throughout the EOC, and staff found it hard to take necessary time off.**

It was reported in a small group workshop that staff burnout was recognized throughout all EOC operations. Despite this, several things contributed to the ongoing burnout, such as changes to the guidance, feeling under resourced, and community members directing anger at EOC staff. Staff did not get complete guidance as to how to deal with community backlash and felt they had to carry the extra mental load on top of everything else. Staff felt they were operating so quickly that there was no major effort made to give people breaks. When staff were told at the general level to take a vacation, they often experienced guilt for wanting to take time off. Many staff felt personally responsible for the work they were doing, and because there were lives on the line, it was difficult to push for time off.

Many staff felt discussions about how to creatively address burnout should have happened earlier in the response. Some staff had a difficult time setting boundaries and were consistently working weekends, leaving little to no room for recovery. Staff felt guilty at times when they would take a break or a "vacation" and would still periodically check their inbox or would find that when they got back, their inbox was flooded. Some staff mentioned it was sometimes easier to not have a vacation, so as not to have to play "catch up" when they returned. Some staff found it unfair that certain activated positions allowed for remote work and did not have an expectation of working on weekends, while others were working overtime week after week. Staff also reported they would avoid large public areas such as malls or fairs due to the mental load and burnout they were experiencing with COVID-19 tracking day-to-day. Due to the high workload, lack of transparency, and challenges with burnout, many staff members have left the City.

Some participants mentioned that leadership would address burnout by checking in to see how they were doing. Some personnel felt their leadership was just doing this to check a box because of the lack of further

conversation. Staff also reported feeling they were given little to no recognition for their hard work. One member reported there being a “thank you” party but some members of the EOC staff were not invited or were unaware of it. This could be due to a variety of reasons including a lack of communication around or understanding of which staff members were EOC personnel and who worked closely with the EOC but were not technically EOC staff and therefore not invited to the event. There were also instances where supervisors were invited to the event but did not properly disseminate the information thoroughly. This confusion caused individuals to feel left out at EOC gatherings. In effort to reduce feelings of being left out or unappreciated and to overcome these issues, the City worked to invite all staff members and not only EOC personnel after the first “thank you” event to create a more inclusive environment.

**Applicable recommendations from the Operational Assessment Report from October 2020 that relate to these After Action Report findings:**

- **Operational Assessment Report Recommendation 4.3:** Continue demonstrating gratitude and encouragement to staff through positive messaging and actions.
- **Operational Assessment Report Recommendation 4.7:** Consider implementing a staff survey similar to what was used within the Logistics Branch to identify concerns and needs of employees. It could further evaluate staff’s familiarity with available mental health support programs and resources, assess which programs and policies were perceived as helpful, and identify additional ways EOC Leadership could support staff and assist with stress management.
- **Operational Assessment Report Recommendation 4.13:** Conduct an annual training for Executive Leadership on how to monitor the health and wellbeing of staff. Included how to identify when staff are stressed, referral information, and opportunities to build team support systems.
- **Operational Assessment Report Recommendation 4.18:** Enhance staff safety and health messaging by including information on the associated benefits of taking breaks and managing fatigue. Have senior leadership and executive team members mirror these behaviors and genuinely promote benefits to staff.
- **Operational Assessment Report Recommendation 4.19:** Enhance policies that address fatigue including number of hours worked, overtime, requests for breaks, as well as creating a standard threshold for when staff are required to rotate out of the EOC. This can be done in collaboration with occupational safety experts and in consultation with labor unions.
- **Operational Assessment Report Recommendation 4.20:** Monitor and limit staff work hours. Manage staff work weeks to include at least one day off. Continue work schedule flexibility and expand opportunities for staff to participate in occasional work from home days.
- **Operational Assessment Report Recommendation 4.21:** Further build out position depth. This can include:
  - Encouraging managers to work with staff to identify individuals who can fill their roles to reduce the reluctance of taking time out of the office.
  - Pairing two people to provide weekly rotating shifts for one position within the EOC. Having a partner to share the stress and shoulder the responsibility of the position can help reduce the workload, provide an emotional boost, and promote camaraderie.
  - Developing 3-month rotation schedules and/or contracting with a nonprofit organizations or for-profit business to fill positions.

- **Operational Assessment Report Recommendation 4.22:** Identify potential policy changes to support the use of vacation days for alternative staff support such as for education or professional development reimbursement.
- **Operational Assessment Report Recommendation 4.23:** Identify ways to provide emotional and psychological support services during work hours. This could be breaks for counseling, weekly informal stress management opportunities for all staff, regular group/team support sessions, etc.

## 4.0 EMERGENCY PUBLIC INFORMATION AND COMMUNITY ENGAGEMENT

### STRENGTHS

**FINDING 4.1:** Most communication that provided critical information, including flash reports and social media posts, was translated into multiple languages.



Image 4: COVID-19 Vaccination Flyer translated in multiple languages. Accessed from Vaccination Task Force Slide Deck.

The City of San José's communication activities prioritized health equity for its entire population. This came with the understanding that translation services and transcreated materials were required to effectively reach the City's diverse population. The transcreation of messages goes beyond transcribing or translating the content into different languages and instead adapts the message's intent, style, tone, and context from one language to another. San José prioritized outreach to community members with limited English proficiency by developing translated flash report and transcreated social media posts which contained information on COVID-19 services such as where to get tested and vaccinated, where to apply for resources such as rental assistance, and general information about COVID-19 transmission within their community and the latest guidance on how to protect themselves and family members. Additionally, mobile vaccination sites had in-person staff members providing translation services in Vietnamese and Spanish. These staff members were heavily utilized as the demand for translation services was high at targeted mobile vaccination sites.

The communications team ensured social media posts were published in multiple languages. They worked with the Vaccine Campaign Task Force to identify communities that were historically marginalized and/or at highest risk for COVID-19 spread and conducted targeted outreach to those communities. For individuals who were more disconnected from internet or social media, multi-lingual flyers were sent to homes. The Language Access



Unit was a continuously vital resource during the COVID-19 pandemic to identify and reach potentially at-risk communities to ensure equity of information dissemination.<sup>54</sup>

**Recommendation 4.1.1:** Consider having applicable City departments continue to maintain the work of the communications team and Language Access Unit by transcreating public information and developing signage (e.g., social media posts, flyers, banners).

**FINDING 4.2:** The City had regular meetings with community partners and supported county efforts by participating in the county led Joint Information System (JIS) to amplify vaccine and testing availability.

The City of San José held regular meetings with community partners, such as the Asian Americans for Community Involvement (AACI), who collaborated with the City to host COVID-19 vaccination events in February and March 2021, resulting in the vaccination of over 1,000 city residents. Partnerships like this resulted in a 95% vaccination rate for residents over 12 years of age by the end of November 2021. The City of San José's strong partnership with CBOs and inclusion of them in JIS activities expanded the City's ability to communicate with hard-to-reach communities, such as people who are historically underserved or marginalized, who trust and utilize CBOs for support and information. Stakeholders reported that starting early on during the pandemic response and sustained throughout, the dissemination of information regarding the various COVID-19 services being provided through the City and CBOs was strong.

**FINDING 4.3:** The public reported receiving information from San José through a variety of methods.

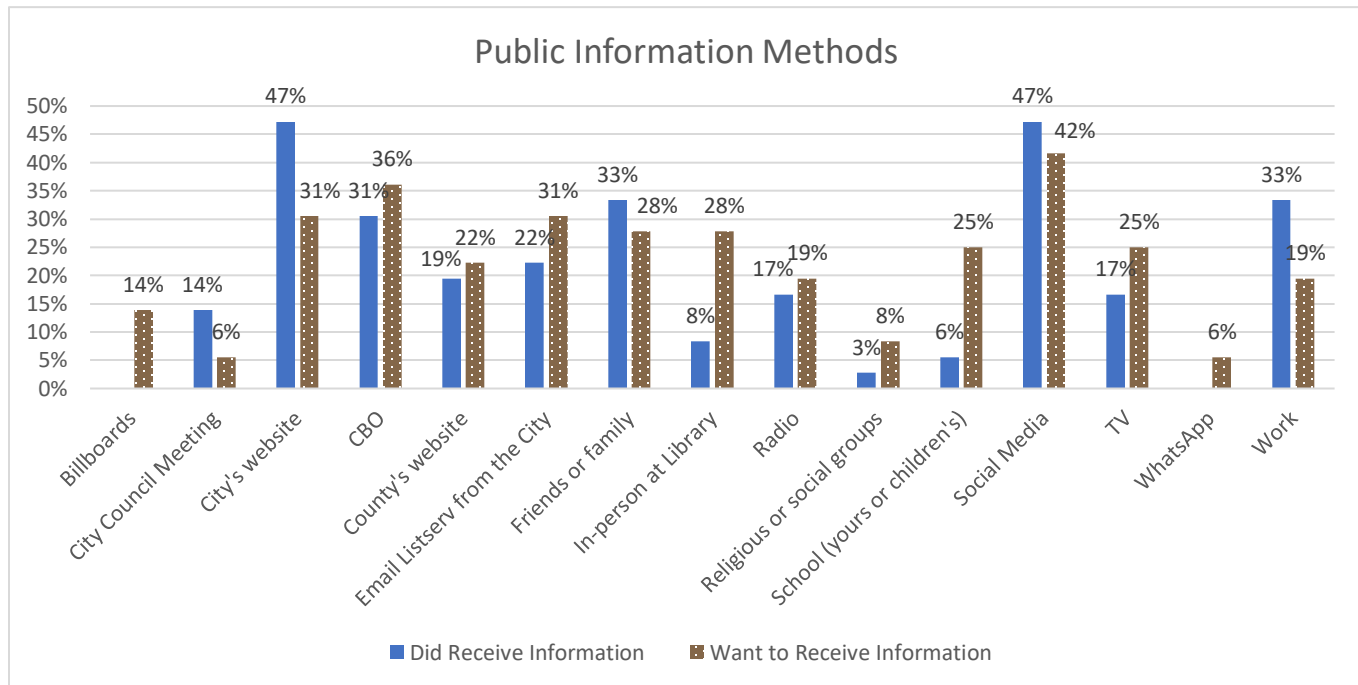


Figure 10: Public Information Methods.

Through the San José COVID-19 After Action Report public survey, respondents indicated they received information from the City in a variety of ways. The most often noted methods of hearing about COVID-19 related

<sup>54</sup> 2022 City of San José COVID-19 After Action Report Large Group Workshop.

services were the City’s website, social media, friends or family, and work.<sup>55</sup> Even with this diverse list of public information sources, there were some methods of accessing information that the public would have preferred more often. Those who answered the survey indicated they wanted to receive information from some sources that did not seem to be primary ways people heard about COVID-19 services. Most notably, in-person at the library, schools, TV, and CBOs were places that more people wanted to get information from than said they did receive information.<sup>56</sup>

#### **FINDING 4.4: The City utilized Wireless Emergency Alerts to promote COVID-19 vaccination events and increase attendance.**

In July 2021, Verizon Wireless revised its algorithm for Wireless Emergency Alerts (WEA) and expanded its geotargeted area radius by ten miles to ensure rural populations received critical notifications during wildfires. This severely impacted the ability for the City to deliver targeted notifications to small neighborhoods in densely populated urban communities. The technological updates cast a wider net and resulted in over-notifying surrounding areas. However, the City leveraged the extended reach of the WEAs to notify at risk residents and communities with the lowest vaccination rates despite the concerns surrounding the use of WEA’s during less critical circumstances. The use of this technology boosted vaccination clinic attendance by tenfold.<sup>57</sup> With approval from California Office of Emergency Services (Cal OES), the City delivered 19 wireless emergency alert notifications from July 2021 to June 2022 and was proven to be a successful and reliable method of communicating with the largest percentage of the population in the shortest amount of time with the least amount of effort as WEA’s can reach 90% of the population within 10 minutes.

### **AREAS FOR IMPROVEMENT**

#### **FINDING 4.5: Additional work to make communications accessible for people with disabilities or access or functional needs (AFN) could be done.**

Tremendous efforts were made translating information in various languages to serve the diverse community of San José. However, there were continued communication accessibility needs for some residents with disabilities or those with AFN. Some workshop participants indicated that not all written communications were “508 compliant” (i.e., accessible for individuals who are blind or have visual impairments). For instance, some social media posts did not have alt text. Also, much of the communication was written which could limit accessibility for those community members with visual impairments or individuals who could not read. The distribution of information was also primarily virtual which limited accessibility for individuals who do not have access to computers and/or the internet. This became a significant issue since many of the options people usually use to access websites such as libraries, schools, public Wi-Fi at businesses, etc. were closed.

**Recommendation 4.5.1:** Consider having City departments ensure digital information materials are accessible to people with AFN.<sup>58</sup> This may include diversifying methods of dissemination, increased focus on ensuring people with visual impairments can access information, etc.

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<sup>55</sup> 2022 City of San José COVID-19 After Action Report Public Survey.

<sup>56</sup> 2022 City of San José COVID-19 After Action Report Public Survey.

<sup>57</sup> San José Public Emergency Notification Status Report September 2022.

<sup>58</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

**FINDING 4.6:** In-person signage and promotional materials were not always translated into alternate languages and led to hesitation in certain communities when engaging with recovery services.

*“Community relationships move at the speed of trust.”*

*2022 Large Group Workshop Participant*

Stakeholders noted that community members with limited English proficiency were hesitant to engage with in-person recovery services due to the lack of translated signage and promotional materials at and surrounding COVID-19 events.<sup>59</sup> These events included those providing services such as rental assistance, financial stimulus, and testing and vaccination information. While tremendous efforts were made to translate and disseminate online materials, stakeholders felt language equity was not met at some City sites providing COVID-19 services. Most locations did not display in-language signage to ensure communication access was equitable for the non-English speaking or reading population.<sup>60</sup> This created a barrier for community members with limited English proficiency in engaging with COVID-19 resources and wrap around services such as rental, housing, and food assistance. Historically, populations with limited English proficiency have been less likely to have access to healthcare services and have experienced additional levels of anxiety when interacting with healthcare services.<sup>61</sup> Additional in-person signage and promotional materials translated and transcreated in-language would increase engagement and reduce anxiety for those with limited English proficiency and improve health equity for the diverse population of San Jose.

**Recommendation 4.6.1:** Consider having the appropriate City departments provide language access and cultural sensitivity training to staff to ensure emergency public information is accessible and appropriately transcreated. Reference the City of San José Language Equity Policy and Guidelines within the City Administrative Policy Manual when revising appropriate City plans.<sup>62</sup>

**Recommendation 4.6.2:** Explore having City Communications and Public Works ensure that equitable access to services is being met by adding to appropriate plans that all sites, departments, divisions, and services display in-language signage.<sup>63</sup> Please see the City of San José Language Equity Policy and Guidelines within the City Administrative Policy Manual.<sup>64</sup>

**Recommendation 4.6.3:** Explore incorporating potential accessibility checks into the finalization process of all communication materials to ensure they are accessible for people with visual impairments.<sup>65</sup>

<sup>59</sup> 2022 City of San José COVID-19 After Action Report Large Group Workshop.

<sup>60</sup> 2022 City of San José COVID-19 After Action Report Large Group Workshop.

<sup>61</sup> Showstack, Rachel, et. al. "Language as a Social Determinant of Health: An Applied Linguistics Perspective on Health Equity. Language as a Social Determinant of Health: An Applied Linguistics Perspective on Health Equity" *American Association For Applied Linguistics*. December 9, 2019. <https://www.aal.org/news/language-as-a-social-determinant-of-health-an-applied-linguistics-perspective-on-health-equity#>. Accessed September 3, 2022.

<sup>62</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

<sup>63</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

<sup>64</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

<sup>65</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

## 5.0 PROVISION OF FOOD AND NECESSITIES TO POPULATIONS THAT ARE VULNERABLE OR UNDERSERVED

### STRENGTHS

**FINDING 5.1:** The City of San José heavily invested in food distribution to the community from the beginning of the pandemic through 2022.

Prior to the COVID-19 pandemic, the City’s experience with providing food distribution services to residents was limited to mainly the Senior Nutrition Program, which provided approximately 200,000 meals a year (4,000 meals per week) to adults aged 60 and over.<sup>66</sup> In response the pandemic, the City spent \$82.6 million on food and necessities distribution through 2022. This included \$79.3 million on direct food provisions (e.g., meal and grocery delivery / pick-up) and food boxing, and approximately \$3.3 million on other necessities, such as diapers, supplies and materials.<sup>67</sup> To pay for these resources, the City used several funding sources such as the General Fund, Federal Emergency Management Agency (FEMA) funding, the Coronavirus Relief Funds (CRF), and Coronavirus State and Local Federal Relief Funds (CSLFRF) issued by the United States Department of the Treasury.<sup>68</sup> The Expenses for Food and Necessities Distribution Efforts figure displays the amount of money used for feeding expenses through June 30, 2022.

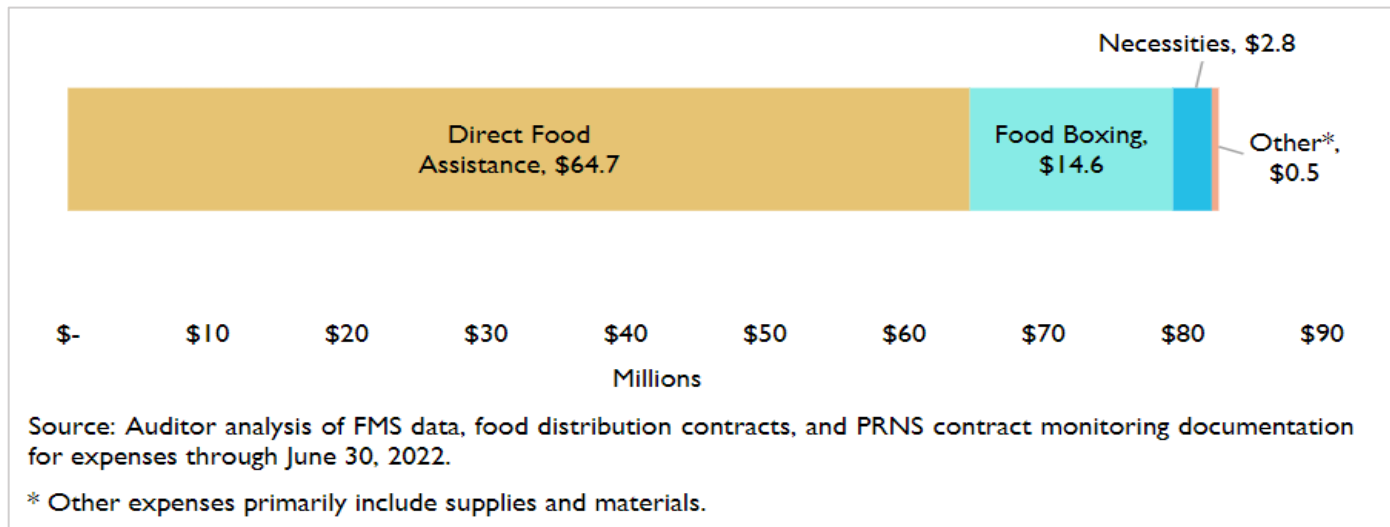


Figure 11: Expenses for Food and Necessities Distribution Efforts. Accessed from: [www.sanjoseca.gov](http://www.sanjoseca.gov)

<sup>66</sup> City of San José Office of the City Auditor – Report to the City Council: COVID-19 Food Distribution Expenditures: The City Should Address Gaps in Emergency Documentation and Procedures (October 2022).

<sup>67</sup> City of San José Office of the City Auditor – Report to the City Council: COVID-19 Food Distribution Expenditures: The City Should Address Gaps in Emergency Documentation and Procedures (October 2022).

<sup>68</sup> City of San José Office of the City Auditor – Report to the City Council: COVID-19 Food Distribution Expenditures: The City Should Address Gaps in Emergency Documentation and Procedures (October 2022).

The City contracted 20 vendors to provide and support food distribution services within San José.<sup>69</sup> The following figure expresses the amount of money the City spent on the vendors for food and necessities distribution. Off the Grid was most highly funded for direct food assistance at close to \$20M, San José Conservation Corps was the primary vendor for food boxing services and received almost \$15M in contract funding, and First 5 received almost five million dollars to provide necessities.

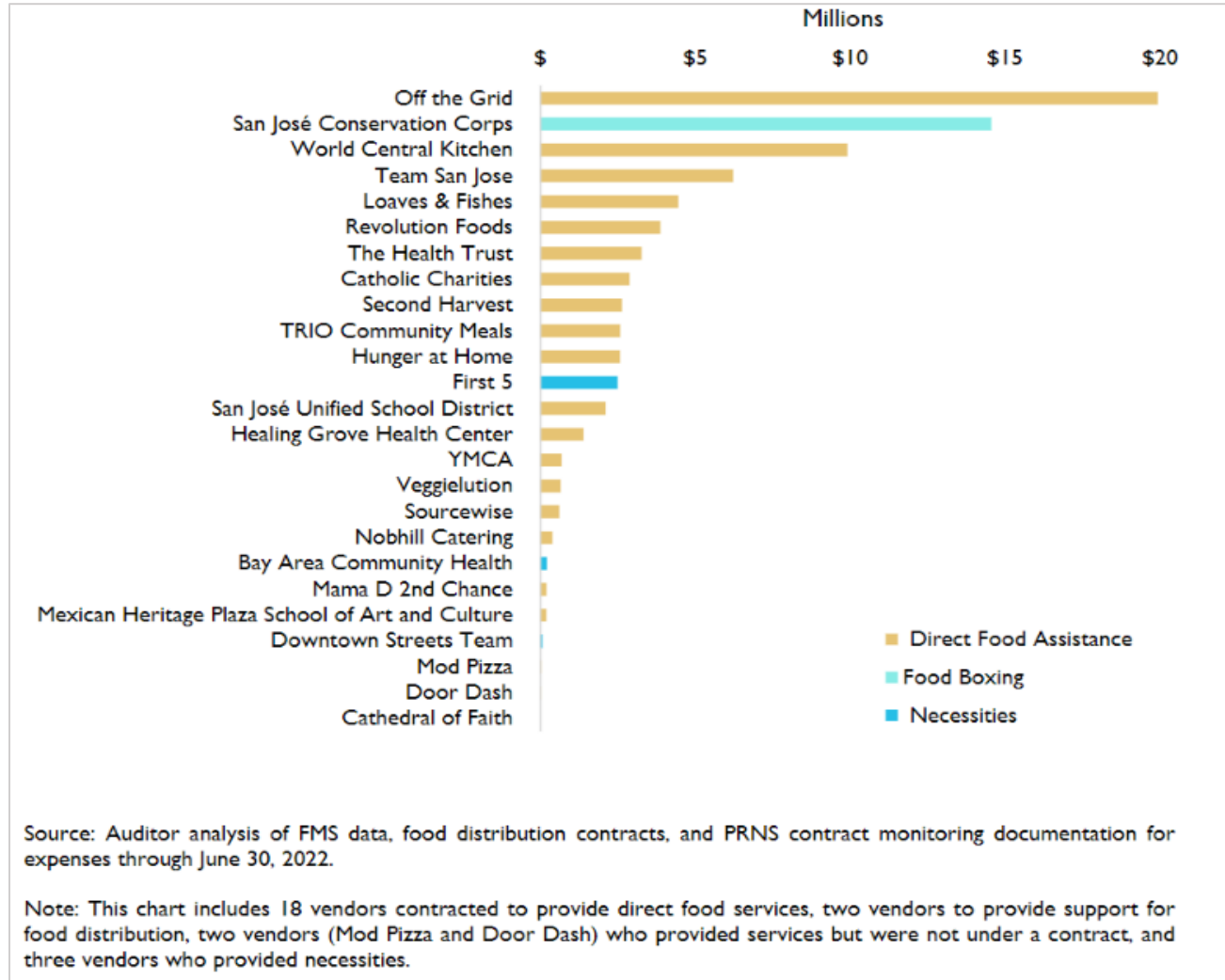


Figure 12: Vendor Expenses for Food and Necessities Distribution. Accessed from: [www.sanjoseca.gov](http://www.sanjoseca.gov)

With this substantial investment in food distribution, the City successfully distributed over 24.8 million meals to its residents. The following chart depicts the number of meals distributed throughout the City between November 2020 and February 2022. Lunch was the most frequently distributed meal (over 12,700,000) and the peak months for food distribution were September and October 2021 with around two million meals being distributed each month.

<sup>69</sup> City of San José Office of the City Auditor – Report to the City Council: COVID-19 Food Distribution Expenditures: The City Should Address Gaps in Emergency Documentation and Procedures (October 2022).

## Food Distribution Efforts: November 2020 to February 2022

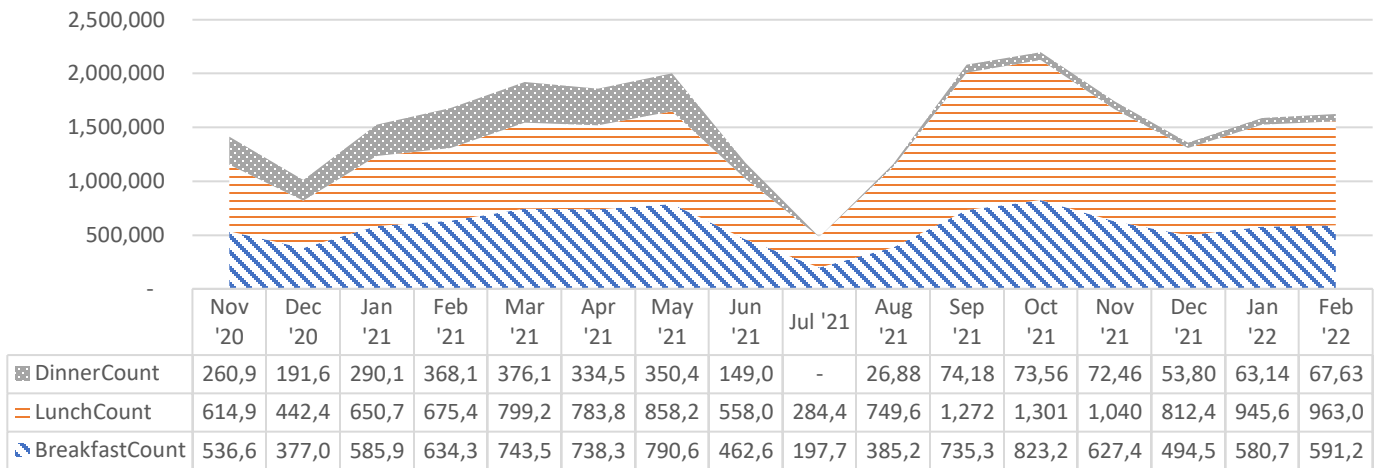


Figure 13: 1Food Distribution Efforts: November 2020 to February 2022.

### FINDING 5.2: The City of San José effectively communicated food distribution services to the public.

Community and jurisdictional partners were also involved in food and necessities response efforts during the pandemic. Second Harvest, Meals on Wheels, and county agencies were involved in distributing resources to meet City of San José residents' needs. The following figure shows combined food distribution efforts of multiple sites from July 2020 through October 2022. Second Harvest distributed the most meals consistently throughout the response efforts with school sites being second. There was a peak of nearly eight million meals distributed in October 2020 and consistently close to five million meals distributed through 2021 and 2022. With so many meals being distributed and with such a great need in the community, it was important for the City to advertise the different food distribution possibilities to community members.



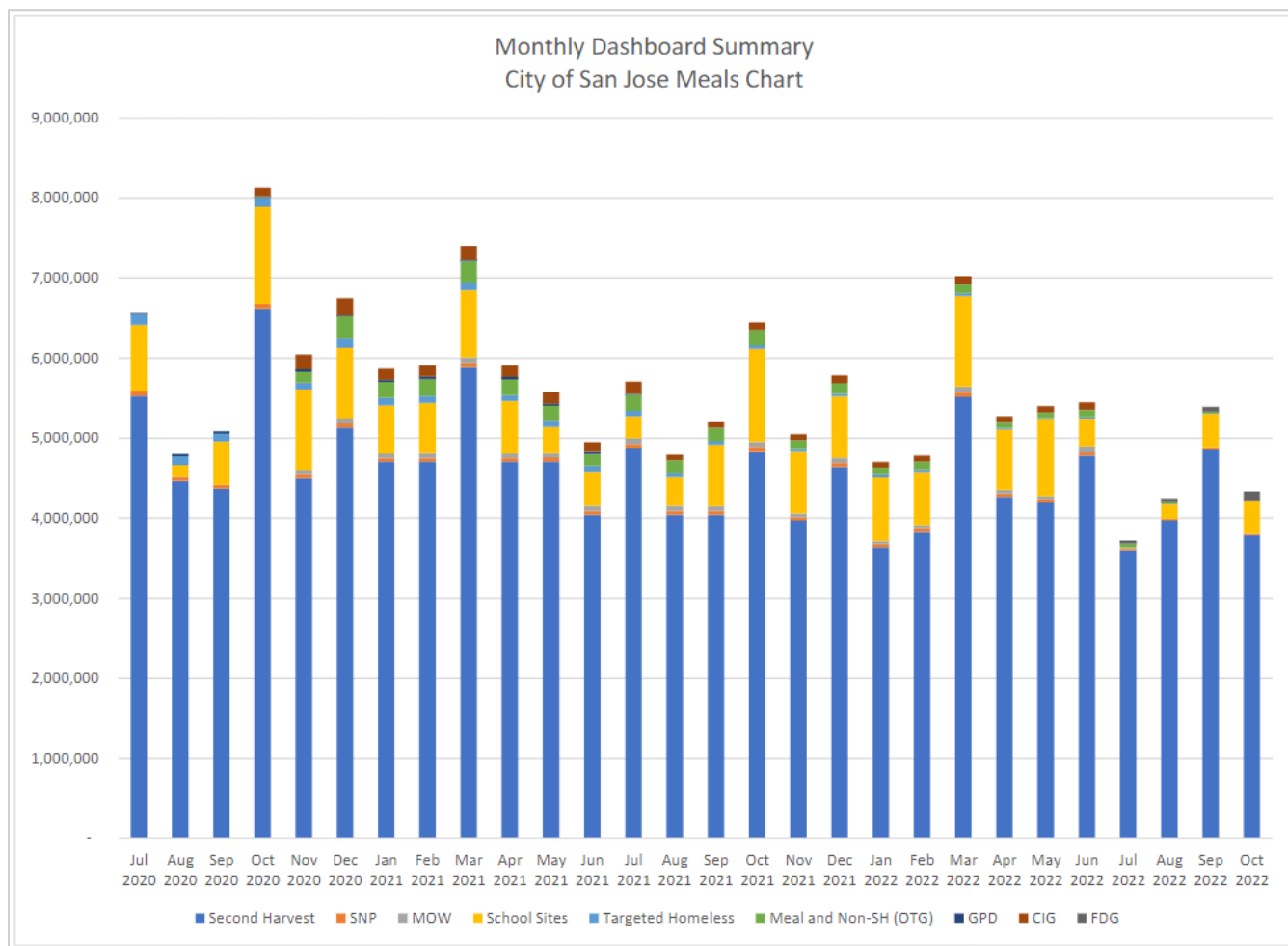


Figure 14: Food Distribution Meals Chart. City of San José Monthly Dashboard. City of San José Monthly Dashboard. For accessible chart, contact City of San José.

One way promotion of this service was done was by coordinating with Second Harvest to utilize its “Find Food” website. This site allowed residents to enter their home address / location to identify nearby food distribution points.<sup>70</sup> The City also coordinated with Second Harvest on how both parties shared information via traffic control methods, weekly distribution flyers, and Cal Fresh cards that were issued for groceries.

Based on survey results, the public overwhelmingly reported having heard about food distribution services during the pandemic with approximately 75% of respondents agreeing or strongly agreeing.<sup>71</sup> This surpassed the public’s reporting of hearing about other City services related to COVID-19, such as opportunities for volunteers, free or reduced fees for utilities and internet, and childcare support. This demonstrates an extremely successful awareness campaign since only 22% of public survey respondents reported using this resource.<sup>72</sup> See Appendix B 2022 San José COVID-19 Public Survey Summary for additional details and graphics.

<sup>70</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

<sup>71</sup> 2022 City of San José COVID-19 After Action Report Public Survey.

<sup>72</sup> 2022 City of San José COVID-19 After Action Report Public Survey.

**Recommendation 5.2.1:** Consider evaluating how food distribution services were advertised during past emergencies to identify additional best practices and lessons learned that could be applied to future emergency services.<sup>73</sup>

**FINDING 5.3: The City of San José worked with school districts to provide food distribution to students and their families.**

Participants in a large group workshop noted the City of San José's role in meal distribution at schools, in addition to other services, was a key area to highlight as an accomplishment during this portion of the COVID-19 response.<sup>74</sup> As a countywide effort, the City and county Office of Education (COE) coordinated to provide meals to students and their families to ensure children had proper meals while learning from home. This process was essential for students who were engaging in remote learning and did not have access to meals and nutrition usually provided by schools.<sup>75</sup> To support these efforts, Revolution Food was hired as the main contractor. In addition, the City supported school sites that were unable to provide meals until they had the infrastructure and resources to take on this effort.<sup>76</sup>

One of the new processes or innovative ideas that was implemented during the response was COE taking the lead on tracking food needs of the students across the county.<sup>77</sup> This new process proved to be beneficial and allowed the City Emergency Operations Center (EOC) Food and Security Branch to focus on other sectors.

**Recommendation 5.3.1:** Continue to collaborate with county partners, such as COE, to identify ways for these departments / organizations can support food distribution services / operations.

**FINDING 5.4: The San José Parks, Recreation, and Neighborhood Services Department and Neighborhood Services and Education Committee expanded upon child and youth services across the City.**

Since May 2021, the San José Park, Recreation, and Neighborhood Services (PRNS) in conjunction with Neighborhood Services and Education (NSE) Committee has worked to expand support services for the children and youth in the City with the goal to provide supportive programs focusing on student engagement and enrichment, recreation, skills development, social emotional learning, and student learning.<sup>78</sup>

PRNS led the childcare effort by providing childcare while schools were shut down and were allowed to be open during non-operational hours. Programs such as, ROCK N Learn and Camp San José Strong provided learning pods and allowed children and youth to take their online classes in a safe environment which allowed essential workers to continue at their jobs. The NSE Committee reported to the City in December 2021 that in FY2021-2022, the School Year Programming had 1,700 youth enrolled (174 preschool aged and 1,526 school aged) amongst 56 programs (16 preschool, 40 K-12).<sup>79</sup> Some of these programs were developed by scholarship awards, such as the Community Development Block Grant (CDBG), which amounted to \$1,195,563.00 during the fiscal

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<sup>73</sup> 2023 City of San José COVID-19 After Action Report After Action Report After Action Meeting.

<sup>74</sup> 2022 City of San José COVID-19 After Action Report Large Group Community Partner Workshop.

<sup>75</sup> 2022 City of San José COVID-19 After Action Report Large Group Community Partner Workshop.

<sup>76</sup> 2022 City of San José COVID-19 After Action Report Large Group Community Partner Workshop.

<sup>77</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

<sup>78</sup> Summer 2021 Program Preview: Supporting San José's Children and Youth Presentation. May 20, 2021.

<sup>79</sup> City Roadmap: Child and Youth Services Update Presentation. December 9, 2021.

year.<sup>80</sup> PRNS reported \$738,522.25 worth of scholarships as well bringing the total amount for all scholarships including PRNS and CDBG to \$1,934,085.25. Some examples of School Year Programing include:

- Recreation of City Kids (R.O.C.K.) Afterschool
- San José Recreation Preschool (SJRP)
- Afterschool Education and Safety (ASES)
- Teen Youth Centers
- ROCK N Learn
- Camp San José Strong
- Camp San José Strong Jr.

During Fall 2021, formal evaluations of all 31 youth programs and pre-assessments of all 16 preschool classes were conducted with plans to develop quality improvement plans as well as identify citywide training needs and additional resources required.<sup>81</sup> To ensure these programs met the quality standards in the long term, it was decided that all sites will be evaluated three times per year.<sup>82</sup>

**Recommendation 5.4.1:** Explore working with City stakeholders to identify a City department/division to lead the development of an annual progress report of youth and child services programs to identify best practices and recurring capability gaps.



Image 5: Afterschool Program Participants from City Roadmap: Child and Youth Services, updated December 9, 2021.

<sup>80</sup> City Roadmap: Child and Youth Services Update Presentation. December 9, 2021.

<sup>81</sup> City Roadmap: Child and Youth Services Update Presentation. December 9, 2021.

<sup>82</sup> City Roadmap: Child and Youth Services Update Presentation. December 9, 2021.

## AREAS FOR IMPROVEMENT

**FINDING 5.5:** The community was overwhelmed by childcare, early childhood education, and youth development support needs and perceived the City as needing to do more in these areas.

As described in previous findings, the City provided numerous types of childcare, youth education, and after school support during the COVID-19 response. For instance, low-income community members were provided access to childcare slots, City programs through the library and other departments worked with schools to meet children's daily care needs, plus childcare programs were increased, and additional funding was provided by the City. From City staff perspectives, the work done to support youth and families was enormous. The amount of funding, staff hours, and facility space dedicated to these efforts was significant. Community center spaces reached maximum capacity, scholarship program recipients continued to increase based on need, and staff dedicated to caring for the City's youth were pushed to capacity.

However, the community continued to find childcare and youth education to be one of the most overwhelming impacts of the pandemic. This created a perception that the City should do more in this area and demonstrated an exorbitant need that went beyond the City's capacity to fill.

Among the 771 people who responded to a survey summarized in the COVID-19 Recovery Task Force Community Engagement Report, 97 respondents (12.5%) indicated finding childcare was among the biggest challenges they faced during the pandemic.<sup>83</sup> In addition, two in five respondents (42%) who were seeking work indicated childcare was among their top challenges preventing them from returning to work.<sup>84</sup> Parents reported needing accessible, reliable childcare for young children and toddlers and the children who missed out on important in-person instruction need extra support learning how to socialize.<sup>85</sup> Additionally, parents of children with disabilities noted being severely impacted, which resulted to cutting down work hours, leaving work altogether, or closing down their businesses to take care of their children.<sup>86</sup> Of the survey respondents, 30% identified accessible childcare as a major need they would like the City of San José to provide as the community recovers from COVID-19.<sup>87</sup> According to the report, the City of San José was perceived by respondents to have not provided sufficient family resources such as childcare, early care and education, and youth development during the COVID-19 response.

In addition to childcare, early care and education were also areas highlighted for improvement from the community. Community members noted delays in children receiving medical care, such as occupational and speech therapy, because of COVID-19. Parents also voiced the need for more funding towards programs that can provide resources such as diapers, formula, and daycare.<sup>88</sup>

Youth development was also seen as a challenge by the community. With the transition back to school, many students felt the process of returning was overwhelming academically and socially without having the time in between to process collective and individual traumas.<sup>89</sup> Multiple parents also expressed how difficult it was for

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<sup>83</sup> COVID-19 Recovery Task Force Community Engagement Report. September 2022.

<sup>84</sup> COVID-19 Recovery Task Force Community Engagement Report. September 2022.

<sup>85</sup> COVID-19 Recovery Task Force Community Engagement Report. September 2022.

<sup>86</sup> COVID-19 Recovery Task Force Community Engagement Report. September 2022.

<sup>87</sup> COVID-19 Recovery Task Force Community Engagement Report. September 2022.

<sup>88</sup> COVID-19 Recovery Task Force Community Engagement Report. September 2022.

<sup>89</sup> COVID-19 Recovery Task Force Community Engagement Report. September 2022.

their children to attend school through virtual platforms, such as Zoom, and emphasized they are still struggling with their mental health as a result of returning to in-person learning. Parents have suggested more programs for youth, especially teenagers, who need to be given more opportunities to have fun and be social (e.g., board game nights, sports programs, etc.).<sup>90</sup> However, 26% of survey respondent noted they needed scholarship support to allow children to attend summer and after school programs and that they would like the City of San José to provide this benefit.<sup>91</sup>

**Recommendation 5.5.1:** Continue to work with City stakeholders to identify ways to provide and advertise accessible, equitable, and high-quality childcare, early care, and youth programs.<sup>92</sup>

**Recommendation 5.5.2:** Consider having appropriate City department(s) come together to identify limits to the youth and child related services that can be provided by the City, resources needed to maintain current services, guidance on what/how to expand and contract emergency services, and how to communicate these with the public.

#### **FINDING 5.6: Existing systems for distributing food and necessities to community members were not used to the full extent.**

The City partnered with Second Harvest, City/County Senior Nutrition Program (SNP), Senior Meals on Wheels, Great Plates Delivered, schools, City/County targeted homeless placements, and other meal delivery CBOs to provide food and necessities distribution to the community. However, community stakeholder reported that other existing CBOs that provided food delivery and distribution prior to the pandemic were not fully incorporated into the planning efforts of the EOC Food and Necessities Branch. Workshop participants indicated this was a missed opportunity for the City to collaborate with all respective stakeholders already engaged in mass feeding and food delivery services.

**Recommendation 5.6.1:** Continue to work with existing community organizations to identify and engage all food delivery and mass feeding organizations in future planning efforts to ensure coordination as well as provide a place to discuss best practices and lessons learned throughout the response.<sup>93</sup>

#### **FINDING 5.7: Shifting funding sources complicated the flow of food distribution funding.**

The City's reliance on federal grants to fund food distribution services caused challenges as the response progressed. Each federal grant had different dates of availability, eligibility requirements, and spending deadlines that changed over time. Due to this complication, staff had to reallocate expenses among funding sources to match food distribution expenses with eligibility requirements and spending deadlines to maximize grant use.

**Recommendation 5.7.1:** As changes to grants are established by the Federal government, the City finance department should consider communicating and coordinating this information (what they are, how they apply to services / departments, etc.) as applicable to limit future complications and confusion.<sup>94</sup>

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<sup>90</sup> COVID-19 Recovery Task Force Community Engagement Report. September 2022.

<sup>91</sup> COVID-19 Recovery Task Force Community Engagement Report. September 2022.

<sup>92</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

<sup>93</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

<sup>94</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.



## 6.0 VACCINATION PLANNING AND ADMINISTRATION SUPPORT

### STRENGTHS

**FINDING 6.1:** The City of San José created a Vaccine Campaign Task Force and supported county vaccination efforts.

When the COVID-19 vaccine was first released, prioritization levels set by the Center for Disease Control and Prevention (CDC) and the state limited who was eligible to receive it. The City of San José created a Vaccine Campaign Task Force to conduct community outreach and communicate to vulnerable populations on the vaccine and vaccination clinics and sites. There was a dashboard managed by the team that identified which zip codes and communities had low vaccination rates. This tool provided the task force the ability to do specific outreach to those communities. They had signage created and delivered to communities as well as created social media posts about vaccination which were translated into multiple languages to increase their outreach to historically marginalized communities.<sup>95</sup>

The City of San José utilized volunteers to communicate with community members regarding COVID-19 testing sites as well as vaccination events. There were multiple vaccination events supported by CBOs with flyers that were translated in multiple languages. The City of San José ensured community members had the necessary information about the COVID-19 vaccine and supported the county's efforts conducting vaccination events.

The City utilized local social media influencers/creators to create authentic messaging that resonated with their corresponding local audience. These same messengers provided public service announcement and updates in multiple languages about the available resources and vaccine pop up clinics that were available. With this collaboration, by July 19, 2021, 85% of residents within the City of San José were vaccinated with at least one dose of the vaccine. The City created custom hashtags (#ThisisOurShotSJ and #StayHealthySJ) to encourage community engagement and support for coming together as a City and get vaccinated.<sup>96</sup>

**Recommendation 6.1.1:** Consider working with the County to determine if continued vaccination outreach to community members in multiple languages and hosting of vaccination events is needed.

- Progress: With the COVID-19 emergency terminating, County of Santa Clara Public Health Department has assumed responsibility for ongoing vaccinations in the City.

**FINDING 6.2:** The City of San José conducted specific outreach to populations historically underserved and those without access to the internet regarding vaccination events and information.

Outreach to historically underserved communities included posting signage at fire departments and collaborating with City libraries to distribute information. Flyers and mailers were distributed to reach those community members who did not have access to or use social media or the internet. Over 150,000 residents were reached that were identified as a member of a vulnerable population or disconnected from social media/the internet; 20,000 preparedness kits were also sent to those community members.<sup>97</sup>

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<sup>95</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshops.

<sup>96</sup> COVID-19 Vaccine Outreach Case Study.

<sup>97</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshops.



Additional efforts to outreach to historically marginalized populations included canvassing encampments of individuals experiencing homelessness with the support of City staff and fire departments. The City also effectively coordinated and collaborated with the Asian Americans for Community Involvement (AACI) to support vaccine events by leveraging resources together and hosting vaccine events. The City met regularly with various CBOs to maintain their coordination and collaboration efforts for supporting vaccination events and information distribution.

Although the City did not run vaccination efforts within the City, they worked closely with the County of Santa Clara Public Health Department to do so. The City supported the county by participating in the county's Joint Information System (JIS) to amplify vaccine and testing availability.

**Recommendation 6.2.1:** Consider maintaining regular meetings with Community-based Organizations (CBO) to continue successful coordination and collaboration for future emergencies.



**NOW available!**  
**COVID-19 vaccines for ages 5-11**

**Visit:** [SccFreeVax.org](https://www.sccfreevax.org)  
to sign up for an appointment or find a walk-in location.

**Call:** 2-1-1 for assistance with questions.  
Protect your children by getting them vaccinated today!  
It's free, safe, and effective.

**¡Disponible AHORA!**  
**Vacunas de COVID-19 para las edades 5-11**

**Visite:** [SCCvacuna.org](https://www.sccvacuna.org)  
para inscribirse en una cita o para encontrar un lugar conveniente sin cita previa.

**Llame al:** 2-1-1 para recibir ayuda con sus preguntas.  
¡Proteja a sus niños, vacúnelos hoy!  
Es gratis, seguro y efectivo.

**NGAY BÂY GIỜ đã có!**  
**Thuốc chích vắc-xin COVID-19 cho trẻ em từ 5-11 tuổi**

**Hãy đến trang mạng:** [SccFreeVax.org](https://www.sccfreevax.org)  
để lấy hẹn hoặc để tìm một địa điểm quý vị có thể ghé vô.

**Gọi:** 2-1-1 để được giải đáp các thắc mắc.  
Bảo vệ con em mình bằng cách đưa chúng đi chích ngừa ngay hôm nay!  
Chích ngừa vắc-xin miễn phí, an toàn, và có hiệu nghiệm.

Image 6: Vaccine Flyer in Multiple Languages.

## 7.0 RESOURCE REQUESTS AND MANAGEMENT

### STRENGTHS

**FINDING 7.1:** The City library system distributed vast amounts of resources to students during the response.

“Approximately 15,800 student households would not have connectivity if it was not for these actions.”

2022 Large Group Workshop

One of the biggest highlights to resource request and management was the library system’s ability to distribute resources across the City. Library employees distributed approximately 17,000 computer devices and procured over 16,000 hotspots for residents with many provided to schools within six weeks.<sup>98</sup> Approximately 15,800 student households would not have connectivity if it was not for these actions. One of the reasons for the library team’s success was their previously built relationships with approximately 32 schools before the pandemic occurred. Additionally, libraries continued to provide free Wi-Fi to residents when they were open and disseminated City response information.

**Recommendation 7.1.1:** Explore continuing to coordinate with the City library system to ensure resources, such as Wi-Fi hotspots and equipment, are available for potential future virtual learning opportunities.

**FINDING 7.2:** Funding was streamlined and robust, which allowed for the development of targeted programs.

Due to the number of funding streams from partners and the federal government, the City needed to be specific on how money was going to be spent during the COVID-19 response.<sup>99</sup> Therefore, the City separated funds into separate areas and utilized funding for specific resources, such as food and local assistance. The Emergency Operations Center (EOC) was also able to help identify how funding sources could be utilized through data retrieved from Federal Emergency Management Agency (FEMA) as well as any priorities that were needed in real time. These efforts were complicated and challenging due to changing and conflicting rules for funding from different sources (e.g., state, federal).

**FINDING 7.3:** Established direct labor codes for staff to use to track response efforts and reimbursement.

During the response, direct labor codes were established to help the documentation process for reimbursement purposes.<sup>100</sup> When staff members were performing activities related to the disaster response, they logged their activities in their timesheets using these new labor codes. The purpose of developing these codes was to aid in

<sup>98</sup> 2022 City of San José COVID-19 After Action Report Large Group Workshop.

<sup>99</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

<sup>100</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

tracking actions eligible for reimbursement. Tracking these time expenses were critical for federal and state grants or funding streams which require consistent and thorough tracking.<sup>101</sup>

**Recommendation 7.3.1:** Consider continuing to work to modernize and improve upon the direct labor codes process to ensure there is limited duplication of efforts within current City processes.<sup>102</sup>

**FINDING 7.4:** The City finance and administration section created a framework for grant and contract management as well as codified processes to track spending within funding streams.

The City of San José finance and administration section worked diligently to build a framework for grant and contract management and codified processes to track, spend, govern, and manage reimbursable funding streams. The finance and administration section developed a new structure to track labor costs during the COVID-19 pandemic by setting up direct charging and a new time keeping system which increased transparency and improved the efficiency of tracking emergency response expenditures.<sup>103</sup> These new processes were developed through collaboration and direct communication with decision makers, allowing for new funding streams to be identified and implemented quickly.<sup>104</sup>

## AREAS FOR IMPROVEMENT

**FINDING 7.5:** The use of purchase cards (P-cards) for purchasing, especially for technology, was limited or non-existent.

Purchasing and resource acquisition was a challenge throughout the COVID-19 response. With supply shortages, vendors sold out of supplies quickly and purchases needed to be made quickly. One way to do this was to use P-cards, similar to credit cards, which had been in place prior to the pandemic and authorized to be used for small, one-time purchases of goods or services. However, policies in place for P-cards limited their ability to be used for purchasing supplies in an expedited manner.

Some existing restrictions included not allowing P-cards to buy technology hardware or software and requiring IT approval for any such purchases. This was intended to maintain cyber security and consistent technology throughout the City. There were also spending limits on P-cards with many of them being very low (around \$1,00). Unlocking these restrictions was explored for emergency purchasing, but it could not be done without removing all locks which was considered too high of a risk. As resource needs continued, the limited use of P-cards was seen as a challenge since many purchases needed to happen quickly and P-cards were the fastest way to do so.<sup>105</sup>

**Recommendation 7.5.1:** Consider collaborating with stakeholders to educate and reinforce the use of purchasing processes for technology.

**Recommendation 7.5.2:** Examine the potential to have high limit P-cards available for the finance section of the EOC to be used during an emergency.

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<sup>101</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

<sup>102</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

<sup>103</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

<sup>104</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

<sup>105</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

- Progress: OEM has replaced Special EOC Emergency Purchase Cards for future usage.

**FINDING 7.6: Incorporation of Incident Command System (ICS) 213RR forms into procurement and logistics processes posed challenges for submitting and tracking resource requests.**

Purchasing processes used during daily operations in the City were flexible enough to be adapted for use during the pandemic. Adjustments to the processes were made to expedite purchasing when needed, but processes and flow of approval remained the same. However, one of the needs during a disaster is to use emergency management forms for tracking resource requests. Specifically, the ICS Form 213RR Resource Request Message is used by emergency management agencies to track resources needed during a disaster response to submit for reimbursement through the California Office of Emergency Services (Cal OES) and/or FEMA.

At the beginning of the pandemic, the 213RR process in the City EOC was initially done on paper. Having physical copies made it slow to process and track. To improve the outdated system of paper and pen, the City's IT team developed a worksheet for staff to submit an online version of the form. While this update was intended to improve the system, it was still time consuming due to the need to complete the 213RR while also going through the City's standard procurement process within its normal system.<sup>106</sup> Unfortunately, the 213RR form was not incorporated into the daily procurement system due to technological limitations. Staff members noted requirements could have been simplified and consolidated to improve the speed of procurement and distribution of critical resources needed during the COVID-19 response.<sup>107</sup>

Similarly, there were challenges with logistics management systems communicating with procurement or resource request systems. With the technology having difficulty communicating, it caused challenges tracking resources once they were purchased.<sup>108</sup> This created confusion around where purchased resources were located across the City. This led to duplicative efforts for logistics to properly communicate to the procurement team and have it entered into their system. An example was given where if the library and Parks, Recreation, and Neighborhood Services (PRNS) both asked for pediatric masks, the process required separate 213RR forms for each request. This limited the ability to consolidate the two requests for better workflow management.<sup>109</sup>

A final challenge with using 213RR forms arose as the EOC initially demobilized. Once this happened, the 213RR submission system was no longer used even though resource requests and purchasing for pandemic response continued. Even with duplicative systems, some departments saw the 213RR forms as helpful to expedite requests. When the form was no longer required, it was reported by some City staff that vendor agreements and contracts for response activities took longer to process.

**Recommendation 7.6.1:** Consider reviewing current procurement and logistics systems to identify ways for them to communicate effectively without duplicating work. Identify potential solutions and, to the extent possible, solicit staff opinions/feedback on potential replacement systems.

**Recommendation 7.6.2:** Consider examining the 213RR form and legal requirements from Cal OES and FEMA to determine what details need to be tracked and how this could be incorporated into existing systems and processes during an emergency.

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<sup>106</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

<sup>107</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

<sup>108</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

<sup>109</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

**Recommendation 7.6.3:** Consider determining ways to quickly process contracts or resource requests for response or recovery efforts after the EOC demobilizes. This may include continuing 213RR submissions, prioritizing disaster related requests, etc.



## 8.0 PLANNING FACTORS FOR CONNECTING AND ASSISTING VULNERABLE POPULATIONS

### STRENGTHS

**FINDING 8.1:** The housing and homeless response team further refined and strengthened their relationship with the county while quickly adapting shelter programs.

The City of San José's housing and homeless response team helped with rental assistance during the pandemic. Prior to 2020, the City had programs for helping community members access congregate homeless shelters but individuals at high-risk of contracting or having negative health impacts from COVID-19 could not be in congregate living spaces. A new program emerged to assist these community members who were at high-risk of the disease to be placed in non-congregate housing while those not considered high-risk were directed to congregate housing.<sup>110</sup> This helped prevent the transmission of the disease among people at high-risk. Part of this program included the creation of a hotline to assist people in finding available shelters. This was a key development since prior to COVID-19, community members had to call each shelter individually to find out if there was space available. The hotline also supported finding options for medical respite for callers who had contracted COVID-19 and needed a place to safely quarantine (e.g., hotels), particularly for people who were considered immunocompromised.

**Recommendation 8.1.1:** Explore continuing the shelter hotline or a replacement option to allow community members to find placement into a shelter without having to call each shelter individually.



Image 7: Emergency Congregate Shelter from Community and Economic Recovery Strategy and Approach Study Session 05.04.2021.

<sup>110</sup> 2022 City of San José COVID-19 After Action Report Large Group Workshop.

## **FINDING 8.2: Traditional and non-traditional community working groups were created between the City and CBOs to aid in planning and coordination.**

The City partnered with various Community Based Organizations (CBO), and volunteer organizations to assist with shelter staffing as well as rental assistance. The City had 76 partners help with rental assistance, all of whom do not normally assist with that program but were able to provide time and staff since they were a trusted partner and do related work.

Through a partnership with the City of San José Housing Department, Eviction Help Centers were set up with vaccination clinics in the following neighborhoods.

- East San José (Mayfair Community Center, O.B. Whaley Elementary School)
- Downtown San José (Roosevelt Community Center)
- Alviso (Alviso Youth Center)

These clinics were located in targeted neighborhoods that had high rates of COVID-19 cases, low rates of vaccination, and/or low-income housing. This strengthened and established relationships with CBOs. Due to these partnerships, teams were established to assist community members with tenant rights and eviction process outreach. This team also attended court eviction cases two days a week, which strengthened relationships with the courts.

**Recommendation 8.2.1:** Consider continuing to establish and strengthen relationships with CBOs for community outreach and coordination for public assistance and housing assistance.

**Recommendation 8.2.2:** Explore having a representative from key CBOs or a coalition (e.g., Collaborating Agencies' Disaster Relief Efforts (CADRE)) at the Emergency Operations Center (EOC) or involved in planning meetings.

## **AREAS FOR IMPROVEMENT**

### **FINDING 8.3: City staff reported lacking the resources to adequately support people with disabilities and individuals with Access and Functional Needs (AFN).**

Based on San José COVID-19 After Action Report survey results, only 32% of staff respondents either agreed or strongly agreed with having the tools, resources, and training to support people with disabilities and individuals with AFN between November 2020 and February 2022 with an additional 25% answering "neutral."<sup>111</sup> While survey respondents did not specify why they answered the way they did or what was needed to increase their ability to support people with AFN, it is possible that the pandemic exacerbated existing accessibility issues within the City.

At the beginning of the pandemic, the City had not had a full-time Americans with Disabilities Act (ADA) coordinator since 2011. Since this position is responsible for providing guidance and training to City departments and staff on ADA compliance and supporting people with disabilities, the availability of information and training may have been limited prior to the pandemic. A part time ADA Coordinator was designated, however, their focus was to respond to complaints rather than increase City training and awareness.

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<sup>111</sup> 2022 San José COVID-19 After Action Report Staff Survey Results.

**Recommendation 8.3.1:** Coordinate with City departments and partners to identify ways to improve the staff's ability to support persons with disabilities and individuals with AFN.

- Progress: In FY2021-2022, the City Administration was directed to evaluate creation of an Office of Disability Affairs to improve/ensure disability access and equity in City programs, facilities, and services. The City has hired a Disability Affairs Officer as a time limited position. The City determining how to continue to fund this position and where it will be embedded.<sup>112</sup>
- Progress: Emergency preparedness reports are scheduled to be assessed by an external contractor for inclusion of AFN considerations in 2023.
- Progress: Disability Affairs Officer is scheduled to work with an external contractor to train all City staff on ADA compliance and accessibility.

**FINDING 8.4: Pre-existing digital inequities prevalent in historically marginalized communities reduced their ability to get the most up-to-date information.**

The City was able to provide hot spots and internet access to numerous communities to assist with shelter-in-place orders and home learning. There were also significant efforts to reach the whole community with information on COVID-19 and available community resources. However, some households of individuals who have been historically marginalized experienced limited digital and internet access due to being unable to afford or choosing not to own computers/smart phones or internet services. The limited access reduced the ability for the City to reach these individuals. It was believed that in households where it was challenging to get digital official public health information shared, there were opportunities for misinformation to proliferate. One of the common ways community members with limited digital access received information was by word-of-mouth from neighbors, family, and friends. This created a communication barrier between the City and vulnerable populations. Since the primary methods of distributing information during the COVID-19 pandemic were through social media and webpages, marginalized communities experienced exacerbated challenges in receiving critical COVID-19 communications and information from the City.

**Recommendation 8.4.1:** Consider diversifying outreach methods even more. For example, increase flyers and mailed information, hosting community events around the City, work with CBOs and community leaders to speak verbally/physically share information to stop the spread of misinformation, post information at regular points of service (e.g., neighborhood stores, markets), etc.

**FINDING 8.5: There was hesitation among undocumented and/or newly immigrated community members to seek COVID-19 services or visit vaccination clinics for fear of being deported.**

Workshop participants noted people who were undocumented or recent immigrants to the United States were worried about accessing public and City resources due to a fear that immigration services would be at events or that attendees would need to show proof of residency or official documents. This was reported to cause a lot of hesitation to attend or utilize City resources during the pandemic.<sup>113</sup> The City worked to overcome this hesitancy by distributing information in multiple languages and through partners with close ties to these populations (CBOs, grass roots organizations, churches, etc.). To address the vaccination disparity between immigrant and non-immigrant populations, the City also worked with the Office of Immigrant Affairs to identify locations where residents would be more comfortable accessing public health and COVID-19 services.

<sup>112</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

<sup>113</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

Stakeholders who supported these efforts noted the turnout among immigrant communities vastly increased when accommodations were made, proving the high demand for public health services in these communities and the need to meet residents where they are to ensure accessibility.

**Recommendation 8.5.1:** Consider investing in signage and flyers stating vaccine events or other public resources are safe places and will not affect immigration status.

**Recommendation 8.5.2:** Continue to build relationships and have regular meetings with leaders in and partners of immigrant communities to ensure they are receiving proper information regarding public resources so they can spread that information to community members.

## 9.0 COMMUNITY, COUNTY, STATE, AND FEDERAL COORDINATION

### STRENGTHS

**FINDING 9.1: City and county response teams coordinated efforts to set up congregate and non-congregate shelters.**

The City of San José Housing Department leveraged an existing partnership with the County of Santa Clara Office of Supportive Housing to establish congregate and non-congregate shelters. This existing partnership provided clearly defined roles and responsibilities between the City and county, allowing for teams to quickly identify sites and establish shelters with a focus on historically underserved populations, low income neighborhoods, and areas with high COVID-19 community transmission.<sup>114</sup> The City of San José Housing Department and the County of Santa Clara Office of Supportive Housing formed a joint department operations center which enabled collaboration and efficient coordination between the City and county in response to the need for housing services during the COVID-19 pandemic. This allowed for the efficient delegation of responsibilities between the two entities. The City of San José Department of Housing prioritized the mobilization of congregate and non-congregate shelters, leveraging the department of public works to access the equipment and trades needed to construct and remodel congregate shelters internally and externally. The County of Santa Clara Office of Supportive Housing responsible for setting up additional non-congregate shelters, working to provide housing for critical populations who needed to isolate or quarantine due to COVID-19 exposure or infection. The City and county joint department operations center also collaborated with Valley Homeless Healthcare Program (VHHP), a Community-based Organization (CBO) that provides healthcare services to nearly 7,000 Santa Clara County residents each year, to provide congregate and non-congregate shelter inhabitants with additional healthcare services.<sup>115</sup>

**FINDING 9.2: There was regular and consistent communication between government offices and CBOs.**

The City of San José maintained constant communications with CBOs to leverage their established trust in reaching vulnerable populations and providing housing, food, and COVID-19 services. Regular and consistent communications between the City of San José and CBOs serving vulnerable populations enhanced all of the efforts in providing services to the critical populations. The City leveraged nearly 76 partners to provide and share information on the City's rental assistance program and opened emergency rental assistance centers in targeted neighborhoods which experienced high COVID-19 community transmission.<sup>116</sup> The rental assistance program proved the effectiveness of collaboration and information sharing with CBOs as the team expanded to provide resources on tenant rights and eviction processes. This partnership eventually made its way into the courts, as members of the rental assistance teams attended eviction cases.<sup>117</sup> Numerous programs serving vulnerable populations in the City of San José were established and enhanced through the communication between government offices and CBOs. Part of this coordination included direct links to CBOs as well as maintaining relationships and sharing information through the Silicon Valley Council of Nonprofits.

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<sup>114</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

<sup>115</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

<sup>116</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

<sup>117</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.



**FINDING 9.3: The City coordinated with community partners to support vaccine events for all members of the community.**

The City of San José coordinated with numerous community partners to support vaccination events for all members of the community. The City partnered with Asian Americans for Community Involvement (AACI) to host vaccination events in February and March of 2021, leading to over 1,000 vaccines administered to target populations.<sup>118</sup> The City also coordinated vaccination opportunities for the home-bound population through a partnership between the San José Fire Department and the County of Santa Clara. Targeted efforts took place in February and March of 2021 to hold vaccination clinics for first responders, leading to over 700 first responders receiving their first dose.<sup>119</sup> In April 2021, a partnership between San José and Kaiser Permanente led to the mobilization of targeted vaccination clinics held at the Vietnamese American Cultural Center.<sup>120</sup> In May of 2021, the City, in collaboration with the VHHP, administered 1,600 vaccinations to populations who were unsheltered. The result of numerous partnerships and coordination with community partners supported the City in reaching a 95% first dose and 89% completed vaccination rate by December 2021.<sup>121</sup>



Image 8: Thank you to San José Fire Department from City Manager's COVID-19 Update 05.04.2021.

<sup>118</sup> City Manager's COVID-19 Update. 04/06/2021

<sup>119</sup> City Manager's COVID-19 Update. 04/06/2021

<sup>120</sup> City Manager's COVID-19 Update. 04/06/2021

<sup>121</sup> City Manager's COVID-19 Update. 11/30/2021



#### **FINDING 9.4: Joint efforts between City and county staff to address housing needs of community members demonstrated strong relationships and existing collaboration.**

Through leveraging an existing partnership between the City of San José Housing Department and the County of Santa Clara Office of Supportive Housing, a joint department operations center was formed to enable collaboration and coordination between the City and county in response to the need for housing services during the COVID-19 pandemic. This partnership expanded early on during the COVID-19 pandemic, and by September 2020, 822 motel rooms were opened across 13 sites in 7 cities to meet the housing needs of the community. In addition, 345 temporary shelter beds were mobilized at the South Hall & Fairgrounds, providing congregate housing services for the unsheltered. To meet the need of unsheltered and at-risk families, 40 beds were mobilized at Camden Community Center.<sup>122</sup> By January 2021, 7,272 unsheltered members of the community were provided temporary housing and 1,696 were permanently housed since the efforts began in March 2020.<sup>123</sup> In June 2021, the emergency rental assistance program received a total of 950 applications for rental assistance, primarily coming from the hardest hit communities in East San José and Gilroy. The emergency rental assistance program provided a total of \$7.2 million, or \$7,949 per household, to assist low income populations in paying their rent during the COVID-19 pandemic.<sup>124</sup> By September 2021, the joint efforts between City of San José and the County of Santa Clara led to a total of 1,914 community members utilizing motels for temporary housing, 5,188 households receiving in-home services, and 4,472 households receiving financial assistance. While this partnership expanded outside city limits and throughout the County of Santa Clara, 90% of people utilizing these programs were residents of the City of San José.<sup>125</sup>

### **AREAS FOR IMPROVEMENT**

#### **FINDING 9.5: Communication was not always clear between the county and City.**

While there were numerous accomplishments as a result of collaboration between the City of San José and the County of Santa Clara, staff members noted significant challenges regarding communication.<sup>126</sup> City staff found the delays in communications from the county were most persistent in the dissemination of the latest state level guidance surrounding COVID-19. State and county public health guidance was slow to reach City departments, leading to frustration. This was particularly challenging when community members and partners needed to interpret state or county guidance for their constituents but were either delayed or began doing so before the City was able to adjust, interpret, and communicate the information to them.

**Recommendation 9.5.1:** Explore ways to improve the flow of public health guidance dissemination by determining with the county how liaisons, communication procedures, automated systems, etc. could be used more effectively.

#### **FINDING 9.6: There was a need for county support to bolster food distribution services.**

The City exponentially increased its food distribution services to the community during COVID-19. This was a necessary effort to combat the impacts of closures (schools, businesses, CBOs, etc.) and isolation protocols.

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<sup>122</sup> City Manager's COVID-19 Update. 09/01/2020

<sup>123</sup> City Manager's COVID-19 Update. 02/02/2021

<sup>124</sup> City Manager's COVID-19 Update. 06/08/2021

<sup>125</sup> City Manager's COVID-19 Update. 09/28/2021

<sup>126</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop

However, financial resources needed to maintain these was substantial. As emergency funding for jurisdictions to provide food and necessities to the community dissipated, the City needed county support to continue efforts.

There were challenges in securing county reimbursement to support the high demand food assistance programs led by the City. To try and offset the financial impacts, there was a big push for people to sign up for food assistance programs like CalFresh. However, undocumented residents did not qualify for many programs due to federal funding limitations which caused concerns about those community members being left out. The City took on the role of providing funding to fill this gap countywide. As the City attempted to transition out of the role and focus back on what they are currently funded to do, there were challenges in deciding who will be responsible for the post-pandemic need for these services which have not subsided. The City is currently holding conversations with internal departments to determine what they can do to meet the high demand for continuation of these services. Staff members noted they felt the county could have done more to support the food distribution efforts led by the City of San José, and it could have prioritized food distribution efforts given the massive and continuous need.

**Recommendation 9.6.1:** Continue to collaborate with Parks, Recreation, and Neighborhood Services (PRNS) and Office of Emergency Management (OEM) to determine the City’s scope of food distribution services and ways to fund it.<sup>127</sup> This determination should also take into consideration what is within the County’s scope of services and what can be done by non-governmental organizations (NGOs).

- Progress: Through City Council and actions with the county, delineating responsibilities and improving collaboration for food distribution are underway.

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<sup>127</sup> 2023 City of San José COVID-19 After Action Report After Action Meeting.

## 10.0 COMMUNITY RECOVERY ACTIVITIES

### STRENGTHS

**FINDING 10.1:** BeautifySJ engaged in providing blight reduction and encampment management services.

The City of San José program BeautifySJ, continued to deliver blight reduction services throughout the City to address increased illegal dumping and graffiti during shelter in place mandates. As part of the City's strategy to address blight and provide services for those residing in encampments, the City funded and launched the BeautifySJ encampment trash program to provide sanitation services to those residing in homeless encampments. This program included funding for both City staff and partner organizations to launch initial trash pickup services at encampment locations throughout the City. BeautifySJ engaged community partners such as Downtown Streets Team and the San Jose Conservation Corps to expand its services to the community through multiple initiatives aimed at increasing emergency trash pickup throughout the City. This program also developed a systematic waste disposal system for unsheltered encampment residents. BeautifySJ was committed to using data in decision making as well as tools such as Geographic Information Systems (GIS) to map encampment locations, trash pickup locations, and pickup routes. Utilizing GIS, BeautifySJ created visual assessments of hotspot data to document existing conditions and prioritize outreach efforts. Through this initiative, over 195 miles of the City of San José was assessed leading to the development of routes to provide trash pickup services to over 150 encampment locations including those who reside in vehicles.<sup>128</sup>

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<sup>128</sup> City of San José. *City Council Study Session: BeautifySJ - Programs and Strategies to Address Trash, Debris and Blight Across the City*, December 4, 2020. <https://sanjose.legistar.com/View.ashx?M=A&ID=790186&GUID=2DC1E4F7-D7F9-4F2B-9CFA-891811022D7F>.

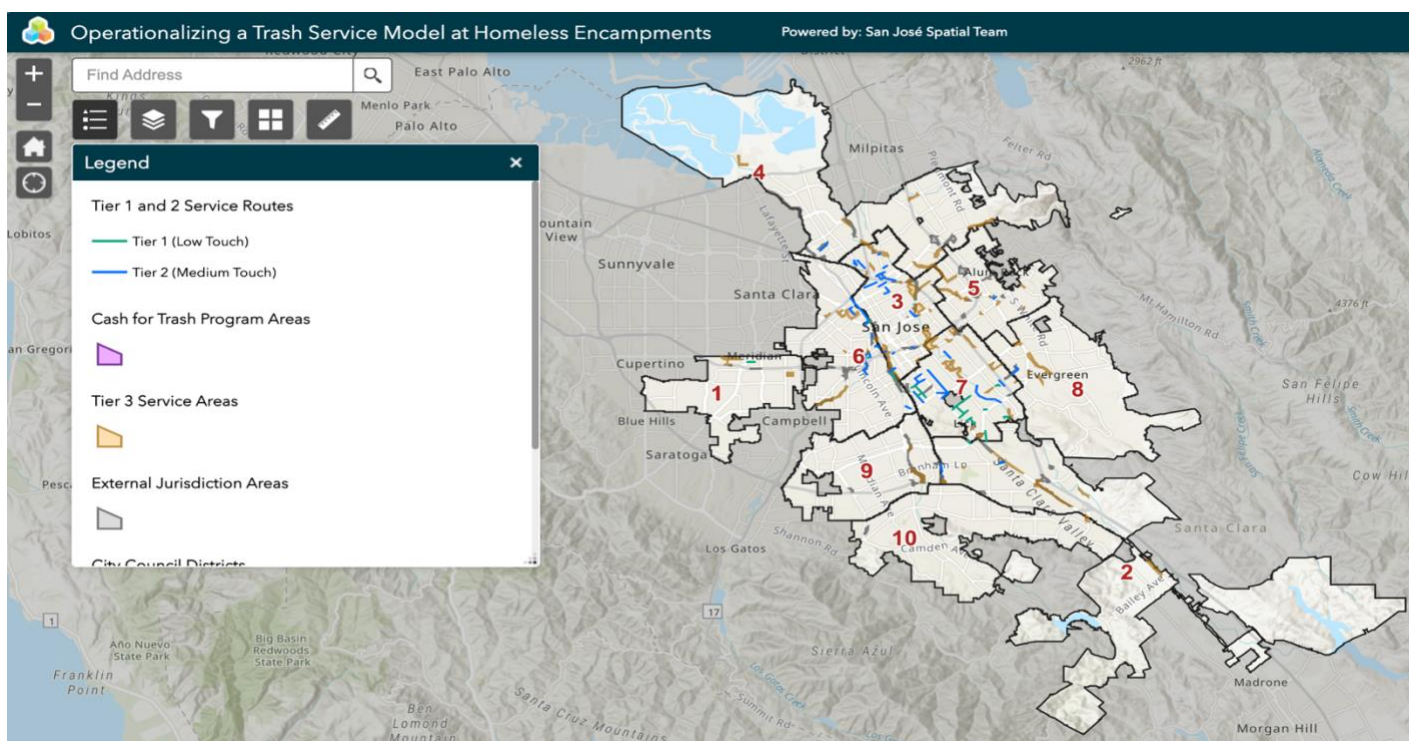


Figure 15: Beautify San José GIS Mapping

<https://www.arcgis.com/apps/webappviewer/index.html?id=e63e756e123a468d8c7ec0a7d518fb08>

## FINDING 10.2: The lived experience of community members influenced decisions as to how funding would be used for recovery activities.

The City of San José engaged multiple community members such as parents, students, and small business owners to share their lived experience during the COVID-19 pandemic. Interviews and surveys were developed to influence decision making surrounding the use of funding in community recovery activities. One engagement strategy included gathering 10 community members from the most impacted zip codes in the City to share their experiences and needs.<sup>129</sup> Community member experiences were then invited to committees and task force meetings to refine and redirect community recovery recommendations as well as inform how money was being spent. The task group included small business, food distribution, Non-profits, Community groups, Childcare, and rental Assistance for rent relief to end homelessness. Several task forces within the Emergency Operations Center (EOC) engaged community members to inform their decision making. The Office of Racial Equity led the way in surveying community members using WhatsApp and door to door outreach campaigns to collect information and provide support to nearly 500 families in the City of San José.<sup>130</sup> These innovative data collection initiatives became best practices and informed the recovery taskforce activities which expanded during the COVID-19 pandemic response. The City of San José has continued to measure the impact of recovery activities to validate the decisions made because of community members lived experiences.

<sup>129</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

<sup>130</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

### RECOVERY TASK FORCE MEMBERSHIP

Table 1: Recovery Task Force Membership

African American Community Service Agency	Goodwill of Silicon Valley	Roots Community Health Center	Silicon Valley Independent Living Center
Alum Rock Santa Clara Street Business Association	Grail Family Services Greenbelt Alliance	Sacred Heart Community Service	Small Business Advisory Task Force
Asian Americans for Community Involvement (AACI)	Healing Grove Health Center The Health Trust	San José Chamber of Commerce	SOMOS Mayfair
Bill Wilson Center	Indian Health Center of Silicon Valley	San José Downtown Association	South Bay Labor Council
Billy De Frank Center	Joint Venture Silicon Valley, Building Back Better	San José-Evergreen Community College District San José Jazz	SV@Home
Black Leadership Kitchen Cabinet of Silicon Valley	Latino Business Foundation Silicon Valley	San José Museum of Art	Team San José
Catholic Charities of Santa Clara County	Laborers' International Union of North America, Local Union 270	San José State University	UNITE HERE Local 19
Community Health Partnership	MACLA (Movimiento de Arte y Cultura Latino Americana)	Santa Clara and San Benito Building and Construction Trades Council	United Food and Commercial Workers (UFCW) Local 5
Destination: Home	Minority Business Consortium	Santa Clara County Office of Education	Vietnamese American Roundtable
Eastside San Jose PEACE Partnership	Multicultural Arts Leadership Institute	Santa Clara County Division of Equity and Social Justice Second Harvest of Silicon Valley	work2future
Evergreen Islamic Center	PACT (People Acting in Community Together)	Service Employees International Union (SEIU) United Service Workers West (USWW)	Working Partnerships USA

First 5 Santa Clara County	Prosperity Lab	Sí Se Puede Collective	YWCA
Gardner Health Clinic	Racial Equity Action Leadership Coalition	Silicon Valley Council of Nonprofits	--

## AREAS FOR IMPROVEMENT

**FINDING 10.3:** As staff shifted from response activities to day-to-day job duties, it was difficult to add recovery activities to staff responsibilities.

Staff who supported community recovery activities noted that high turnover and a lack of backup personnel put additional strain on those remaining staff who were expected to perform day-to-day responsibilities as well as highly demanding community recovery responsibilities.<sup>131</sup> Staff members supporting the homeless services team were encouraged to take time off but had a difficult time doing so due to the lack of backup personnel. Members of many different departments, such as the City of San José Zoo, were pulled in to support the homeless services team.<sup>132</sup> However, some staff members felt they did not have an adequate knowledge of behavioral health to perform many of the responsibilities of the homeless services team.

**Recommendation 10.3.1:** Investigate appropriate rotations of staff serving demanding response roles such as the homeless service team.

**Recommendation 10.3.2:** Explore necessary training for staff members performing community recovery roles (e.g., behavioral health, trauma informed care) or provided just-in-time training.

<sup>131</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

<sup>132</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.



## 11.0 IMPORTANT FINDINGS OUTSIDE OF AFTER ACTION REPORT SCOPE

The following findings were identified during the creation of this After Action Report. However, they did not fall within the scope of assessing the City of San José Office of Emergency Management (OEM) or City-wide response. They are included here to help inform future pandemic preparedness and response efforts in the operational area and with City partners.

### AREAS FOR IMPROVEMENT

**FINDING 11.1:** There was inadequate American Sign Language (ASL) interpretation at press conferences, which limited accessibility for community members.

Community members noted<sup>133</sup> that ASL interpretation at press conferences provided by the county was inadequate and reduced the ability of people who have hearing impairments or are deaf to receive critical COVID-19 information. Receiving and understanding the latest COVID-19 guidance throughout the pandemic was a challenge on its own, but the lack of ASL interpretation prevented lifesaving information from reaching communities with hearing impairment. Community stakeholders reported that there were efforts made to collaborate with the Deaf Counseling and Referral Agency (DCARA) nonprofit organization but the department or agency initiating that collaboration was not specified. The resources provided because of that partnership were still described as insufficient in reaching populations with hearing impairment.

**Recommendation 11.1.1:** Explore establishing a contract with CBOs serving people with disabilities to guarantee all press conferences and public information dissemination events are accessible to people who are deaf or hard of hearing. This may include expanding Memorandums of Understanding (MOU) to provide ASL interpretation.

**Recommendation 11.1.2:** Consider utilizing the City's Language Access Coordinator to provide ASL interpretation accommodations at press conferences and other community information events.

**FINDING 11.2:** Some vaccination sites contained inadequate signage and improper communication regarding transportation to and from the vaccination clinics.

The vaccination clinics and vaccine pop up sites were extremely helpful for many community members to get their COVID-19 vaccine without having to travel long distances. However, there were community members that were hard of hearing and had visual impairments that found it difficult to find the clinics due to lack of signage or improper signage.<sup>134</sup> Additionally, although the City put out information regarding vaccine clinics in multiple languages, not all signage at the clinics was translated. These hurdles made it difficult for some community members to get their vaccine and they found the process more difficult and strenuous.

Some community members reported some of the vaccine clinics were difficult to access if you did not drive and the signage for driving instructions, drop off locations, etc. was either missing or not easily located. This required people to seek out vaccine clinic workers to obtain information on proper drop off zones.

**See Recommendation 4.6.2** in After Action Report Emergency Public Information Section.

**Recommendation 11.2.1:** Explore opportunities to provide transportation for community members to and from vaccination clinics or disaster service sites. This may include coordinating with public transit providers.

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<sup>133</sup> 2022 City of San José COVID-19 After Action Report Large Group Workshop.

<sup>134</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshop.

**Recommendation 11.2.2:** Consider reviewing the California Office of Emergency Services' (Cal OES) Inclusive Planning Blueprint for Addressing Access and Functional Needs at Mass Testing/Vaccination Sites for applicable revisions to plans.<sup>135</sup>

**FINDING 11.3:** Vaccine Clinics and other City resources for community members were not always accessible for people with Access and Functional Needs (AFN).

Equity and accessibility were key focuses of the City of San José's COVID-19 response. However, there were instances where services and resources were not as easily accessed or used by certain community members. Even though it was outside of the control of the City, community members reported that COVID-19 testing kits were difficult for people with visual impairments to utilize. Individuals with physical disabilities or who use a wheelchair also reportedly found most of the vaccine clinics did not contain a wheelchair ramp and were not easily accessible for them. The first clinic organized by the City was held in a location that was not Americans with Disabilities Act (ADA) compliant. The City learned from that experience and ensured all clinics coordinated by the vaccination task force were ADA compliant. However, in a large group workshop, it was reported that when a community member contacted the City about wheelchair accessibility at vaccination sites, they were told there were specific events that account for disability considerations.<sup>136</sup> This demonstrated potential limited communication around which sites were ADA accessible and which were not.

As guidelines were shifting for social distancing, mask mandates, and indoor dining, these guidelines did not provide an additional layer for those that were high-risk or immunocompromised to be able to eat at a public establishment. They were left feeling they had to continue to stay home to prevent infection because there were no additional precautions taken by restaurants or public spaces once the guidelines were adjusted. It was also noted by workshop participants that the City's resources website pages were designed with the assumption that the those utilizing the sources did not have an AFN.

**Recommendation 11.3.1:** Evaluate how and where to incorporate an AFN leader/expert as part of the planning process and to ensure resources and services are equitable and accessible.

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<sup>135</sup> California Office of Emergency Services. *Inclusive Planning Blueprint for Addressing Access and Functional Needs at Mass Testing/Vaccination Sites*. November 19, 2021. <https://www.caloes.ca.gov/wp-content/uploads/AFN/Documents/AFN-Library/Cal-OES-Blueprint-for-Addressing-AFN-at-Mass-Vaccination-and-Testing-Sites.pdf>.

<sup>136</sup> 2022 City of San José COVID-19 After Action Report Small Group Workshops.

## CONCLUSION

The COVID-19 pandemic has warranted an unprecedented global response and has taxed public health and safety infrastructure at all levels of government. To add to the already complex nature of the COVID-19 response, local governments across the country have simultaneously responded to civil unrest, active shooter events, and catastrophic fires, further straining the already overwhelmed response infrastructure and complicating the COVID-19 response. With this complex disaster landscape, the City of San José has acknowledged the importance of critically evaluating its disaster response and identifying corrective actions to improve response efforts going forward.

This After-Action Report details the strengths and areas for improvement exhibited during the City of San José's response to COVID-19 through December 2022. Each recommendation delineated herein was synthesized into the San José COVID-19 Improvement Plan. Incorporated within the Improvement Plan are also recommendations from the Operational Assessment Report to provide a complete list of actions stemming from the pandemic review process for the City to improve for future responses to communicable disease outbreaks and other disasters. As the City continues its recovery efforts to this unprecedented public health emergency, any additional corrective actions identified will be added to the Improvement Plan.

## APPENDIX A: DATA COLLECTION PROCESS

### *Data Collection Process*

#### SUMMARY

This After-Action Report has been compiled using a mixed-method data collection approach. This included a comprehensive review of the City’s incident documentation, online surveys, small group workshops or individual interviews, and large group workshops. All data was reviewed and analyzed by a team of emergency management professionals to provide a fair and honest analysis of the response and development of realistic and actionable improvement recommendations. The findings and drafts of the report were then examined and approved by City leadership and staff.

#### DOCUMENT REVIEW

Experts from Constant & Associates (CONSTANT) collected and reviewed documentation and resources provided by the City relative to the COVID-19 response. CONSTANT analyzed response activities, collected data, and used that analysis to supplement information provided through the surveys and workshops. A sampling of the reviewed documents includes:

- Emergency Operations Center (EOC) Action Plans for the COVID-19 Response
- City Manager’s COVID-19 Updates
- COVID-19 EOC Leadership Meeting Minutes
- Vendor, Purchasing, and Resource Tracking Reports
- City of San José COVID-19 Recovery Task Force Report
- COVID-19 Food Distribution Expenditures: The City Should Address Gaps in Emergency Documentation and Procedures
- Neighborhood Services and Education Committee Presentations

#### SURVEY

CONSTANT, in collaboration with the San José Office of Emergency Management (OEM) Project Planning Team, developed four online surveys and distributed them to key stakeholders. Participants were asked to share what they observed as strengths as well as areas for improvement regarding the City of San José response and recovery efforts from October 2020 through February 2022. These surveys included:

1. EOC Staff Survey
2. Community Partner Survey
3. Business Survey
4. Public Survey

The surveys provided a forum for additional stakeholders to contribute to this report. Data from the surveys informed the construction of themes in this After-Action Report and enabled CONSTANT to adjust questions for

workshops and interviews to solicit additional details, as needed. A summary of survey data is provided in the appendices of this document.

## WORKSHOPS

Small and large group workshops were conducted to review major events that highlighted critical issues and strengths related to the City's response and recovery efforts. Interviewees were identified by the Project Planning Team. Workshops and interviews allowed participants to self-identify key strengths and areas for improvement relating to their response efforts. Data informed the findings and recommendations in the After Action Report.

A total of 20 small group workshops and 4 large group workshops were conducted. Those interviewed included personnel from organizations and jurisdictions involved in many aspects of the response, such as:

- Emergency Operations Staff
- Recovery Section and Finance Section
- Planning Section
- Logistics Section
- Food and Necessities Distribution Branch
- Homeless Support Services Branch
- Essential Services Branch
- Digital Inclusion Branch
- Liaison Branch
- Futures Branch
- Community Engagement Branch
- Emergency Public Information Officer Branch
- Personnel Branch including Safety and Return to Work Powered by People
- Vaccine Campaign Task Force
- Silicon Valley Strong Campaign
- Recovery Taskforce
- Nonprofit and Community-based Organization Leaders

## APPENDIX B: SURVEY DATA

### *2022 San José COVID-19 Staff Survey And Partner Survey Summary*

#### SUMMARY

A total of 144 respondents completed the City of San José COVID-19 After Action Report Staff Survey and 38 respondents completed the City of San José COVID-19 After Action Report Partner Survey. These surveys were developed to collect data regarding the City of San José's COVID-19 response activities between November 2020 – February 2022. Please note that respondents were involved in multiple COVID-19 response and recovery activities so some percentage totals will equal over 100% due to respondents providing multiple answers.

Although the Staff and the Partner surveys targeted different respondents (e.g., staff survey was sent to City of San José employees who worked within the City Emergency Operations Center (EOC); partner survey was sent to representatives of organizations/agencies that worked with the City for the COVID-19 response), many of the questions were similar to allow for comparison. The responses are therefore summarized together.

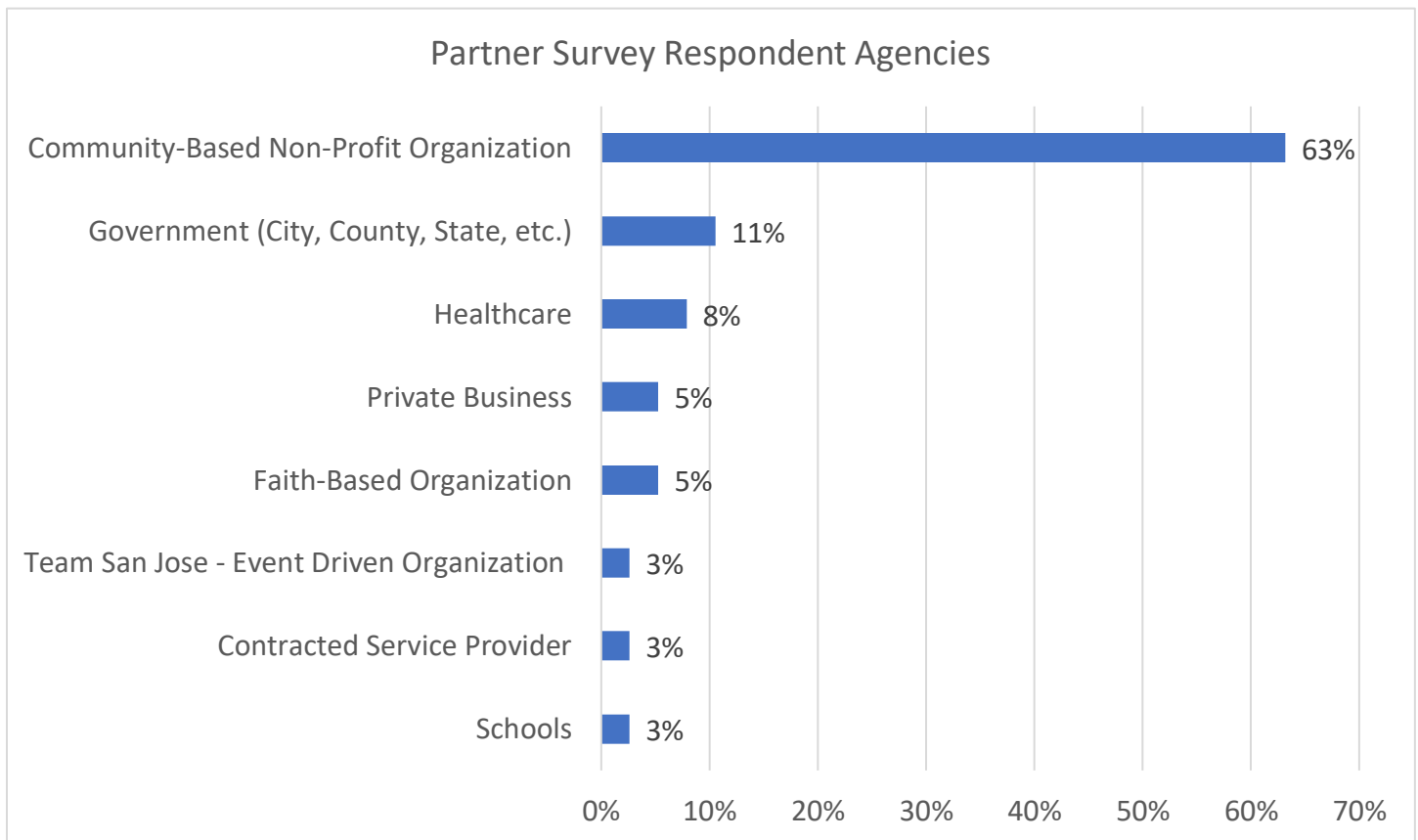


Figure 16: Partner Survey Respondent Agencies.

Partner survey respondents who identify the category that best described their organization were primarily (63%) a Community-Based Non-Profit Organization. The next largest group (11%) was a government agency (city, county, state).



## RESPONSE AND RECOVERY ACTIVITIES

The staff and partner survey respondents were asked to identify which COVID-19 response and recovery activities they or their agency/organizations was involved in from November 2020 – February 2022.

### Partner – Response Activities

There were 38 partner survey respondents reporting the response and recovery activities of their organization but 56 answers for this question. The most frequently indicated response/recovery activity (30%) was health and medical while 23% said they were involved in Food and Necessities Distribution. Less frequent answers were digital equity (11%), childcare (5%), small business recovery (5%), and Re-employment and workforce development (4%).

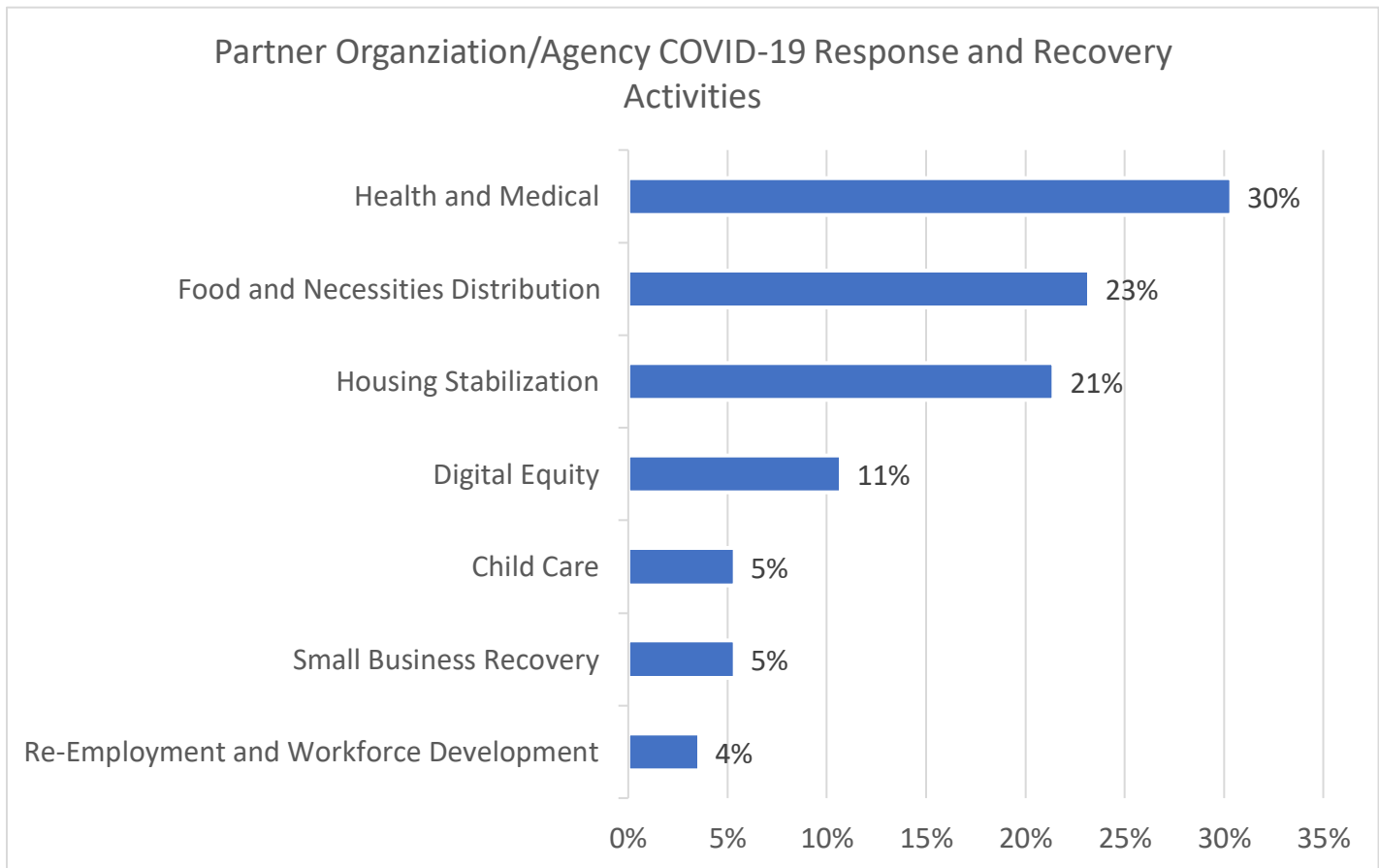


Figure 17: Partner Organization/Agency COVID-19 Response and Recovery Activities.

### Staff – Response Activities

There were only 145 staff respondents, but 160 COVID-19 response and recovery activities were identified. Most respondent (20%) identified as being involved as EOC management/Support staff. The next two largest groups (15%) identified with Food and Necessities distribution and/or childcare. Communication activities was identified by 13% of respondent answers. Many respondents answered “other” to this question and the written responses were grouped with existing categories. Those responses that were not able to be categorized counted for 13% of respondent answers.

Staff Survey: COVID-19 Response and Recovery Activities  
Repondents were Involved in From November 2020 – February 2022

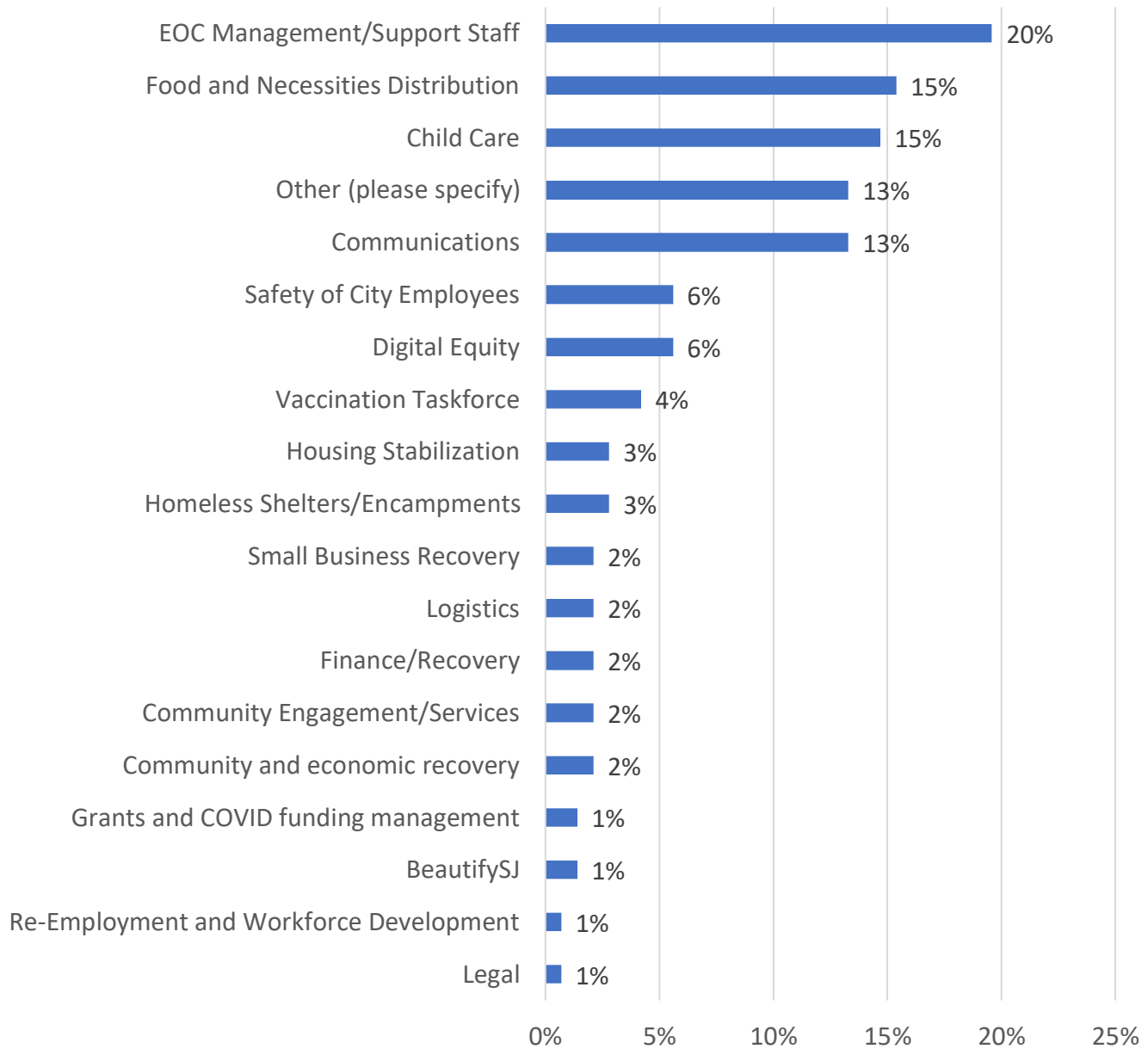


Figure 18: COVID-19 Response and Recovery Activities Respondents were Involved in from November 2020 - February 2022.

## INFORMATION AND RESOURCE SHARING

Over half of respondents to both surveys felt that the City provided adequate information to its partner agencies/organizations for them to carry out their COVID-19 response and/or recovery activities with 53% of staff respondents answering either strongly agree or agree and 67% of partner respondents answering either strongly agree or agree.

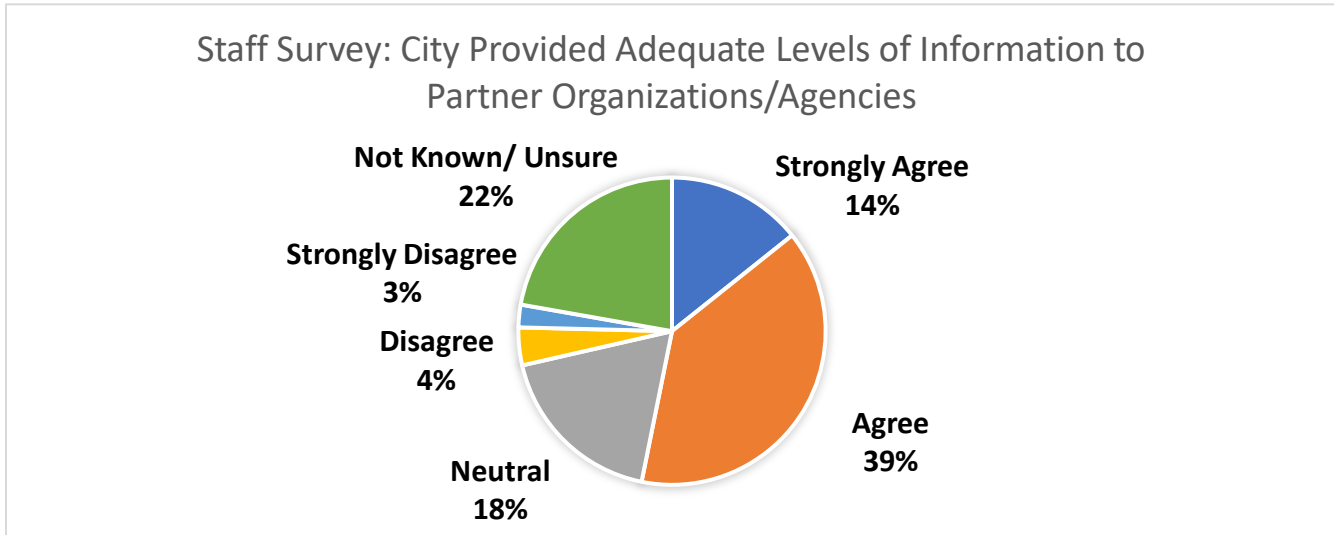


Figure 19: Staff Survey: City Provided Adequate Levels of Information to Partner Organizations/Agencies.

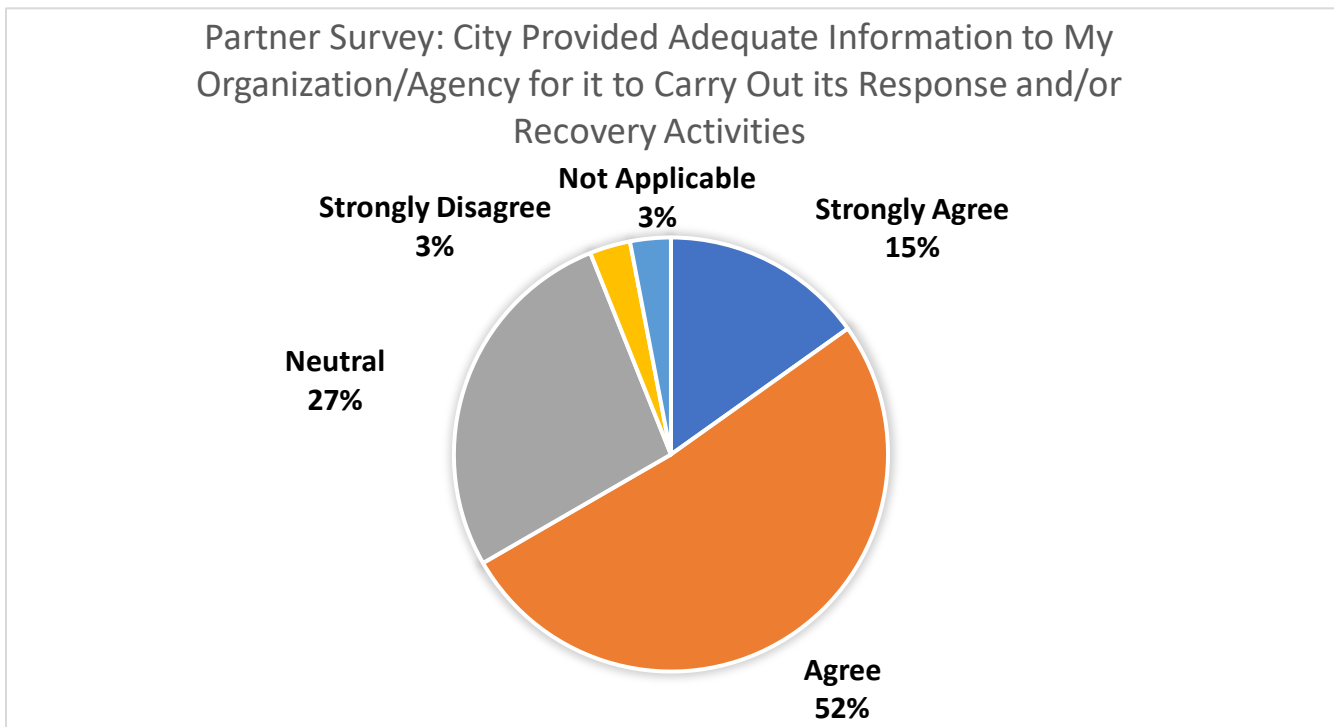


Figure 20: Partner Survey: City Provided Adequate Information to My Organization/Agency for it to Carry Out its Response and/or Recovery Activities.

Both partners and staff were asked about methods of information dissemination. Respondents to the partner survey provided their organizations’/agencies’ preferred methods of communication. Almost half (40%) stated that emails or phone calls from the City EOC staff was preferred. Almost a quarter (23%) of the partner respondents answered the Coalition as their agency/organization preference.

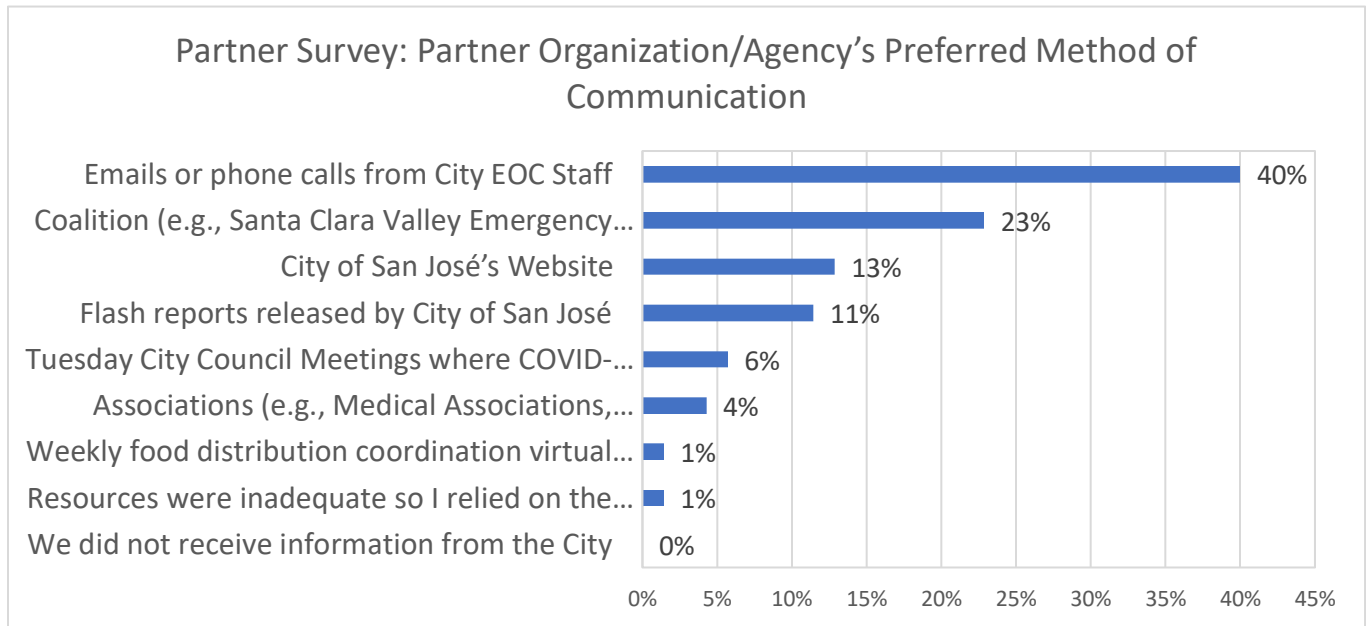


Figure 21: Partner Organization/Agency’s Preferred Method of Communication.

Although many of the methods of how staff received information about the EOC response were different from partners, one option was overlapped between the two surveys – flash reports released by the City.

Only 11% of partner survey respondents stated they preferred communication through flash reports. While 42% of staff respondents indicated they received the most information from flash reports. Other methods of receiving information about the EOC response included EOC branch or section meetings (27%) and emails released by the City Manager (19%).

### Staff Survey: Where did you receive the most information about the EOC response and next steps?

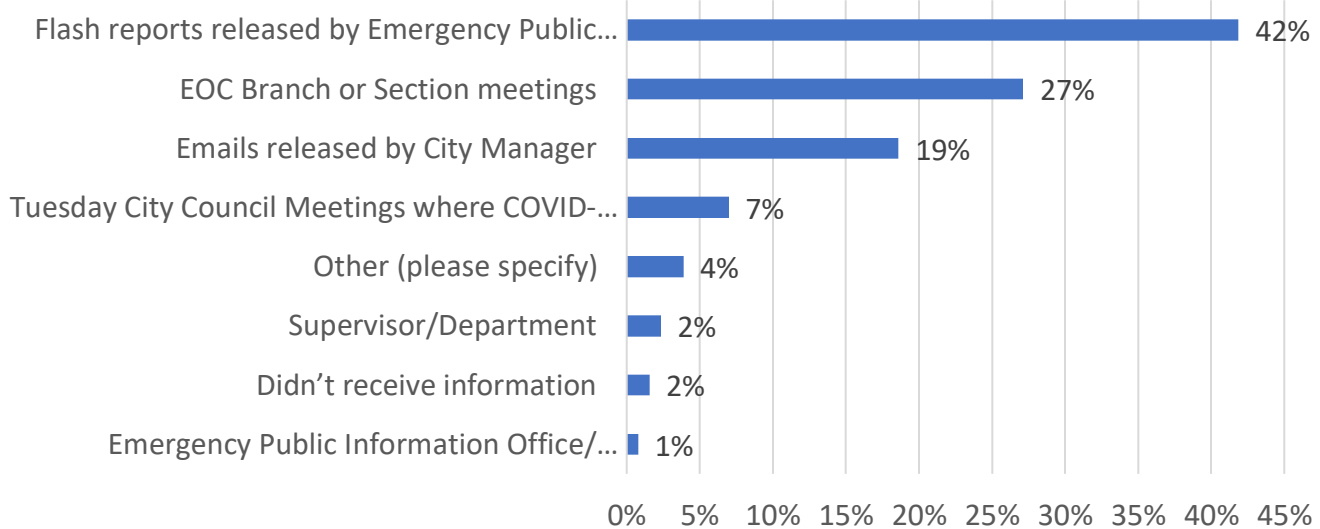


Figure 22: Staff Survey: Where did you receive the most information about the EOC response and next steps?

### Staff Survey: City Provided Adequate Resource Sharing with Partner Organizations/Agencies

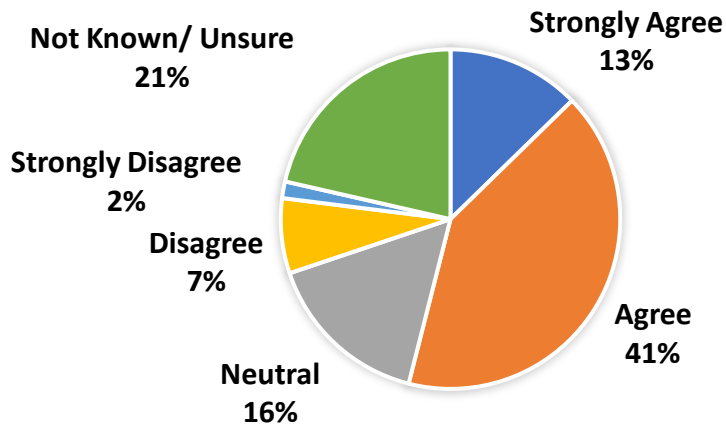


Figure 23: Staff Survey: City Provided Adequate Resource Sharing with Partner Organizations/Agencies.

Staff and partner respondents were also asked if they felt the City of San José provided adequate resource sharing with partner organizations/agencies. Over half of both the staff (54%) and partner (64%) respondents either strongly agreed or agreed.

Partner Survey: City Provided Adequate Resource Sharing with My Organization/Agency

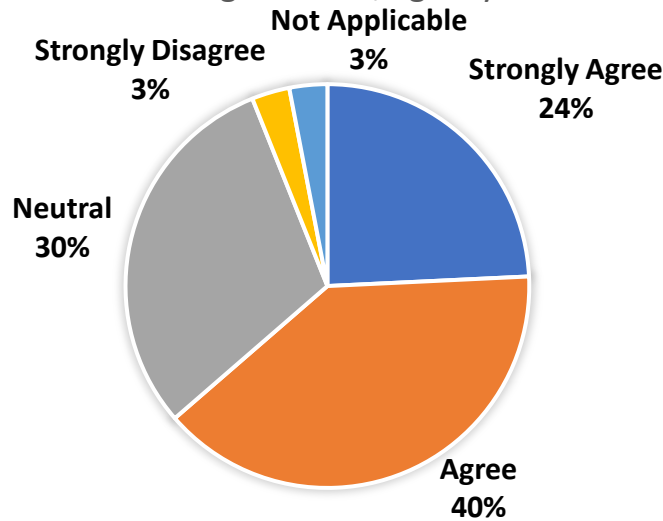


Figure 24: Partner Survey: City Provided Adequate Resource Sharing with My Organization/Agency.

## Partner – Resources

Partner survey respondents were asked to identify the type of resources their organization/agency received from the City. Almost half (42%) indicated they were given digital information to distribute to the community. The next most frequent response (16%) was that organizations received funding to purchase various resources such as meals/food distribution, housing stabilizations, and vaccination outreach, and education. Similarly, organizations indicated they received handouts to distribute to the community (16%). Few respondents indicated they received personal protective equipment (13%) or food (3%). The remaining 10% answered “other” and was comprised of resources like digital directions for public interaction, requirements to enter City facilities, facility, and admin support for community vaccinations.



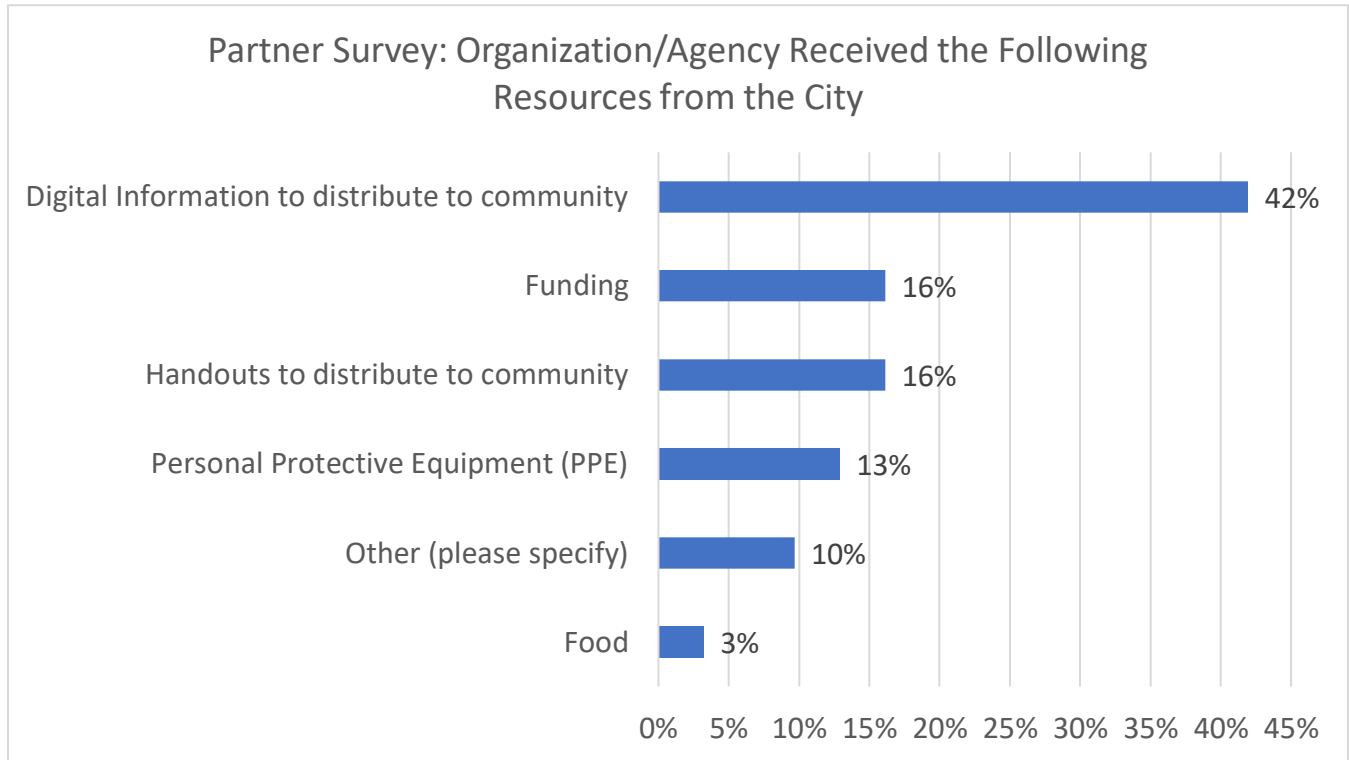


Figure 25: Partner Survey: Organization/Agency Received the Following Resources from the City.

## Staff – Information & Resources

The Staff survey further asked about the City of San José’s information distribution internally to employees. Half (49%) of respondents either strongly agreed or agreed they felt the information provided by the City and EOC on COVID-19 related policies/expectations for staff and City facilities was prompt and easily understandable.

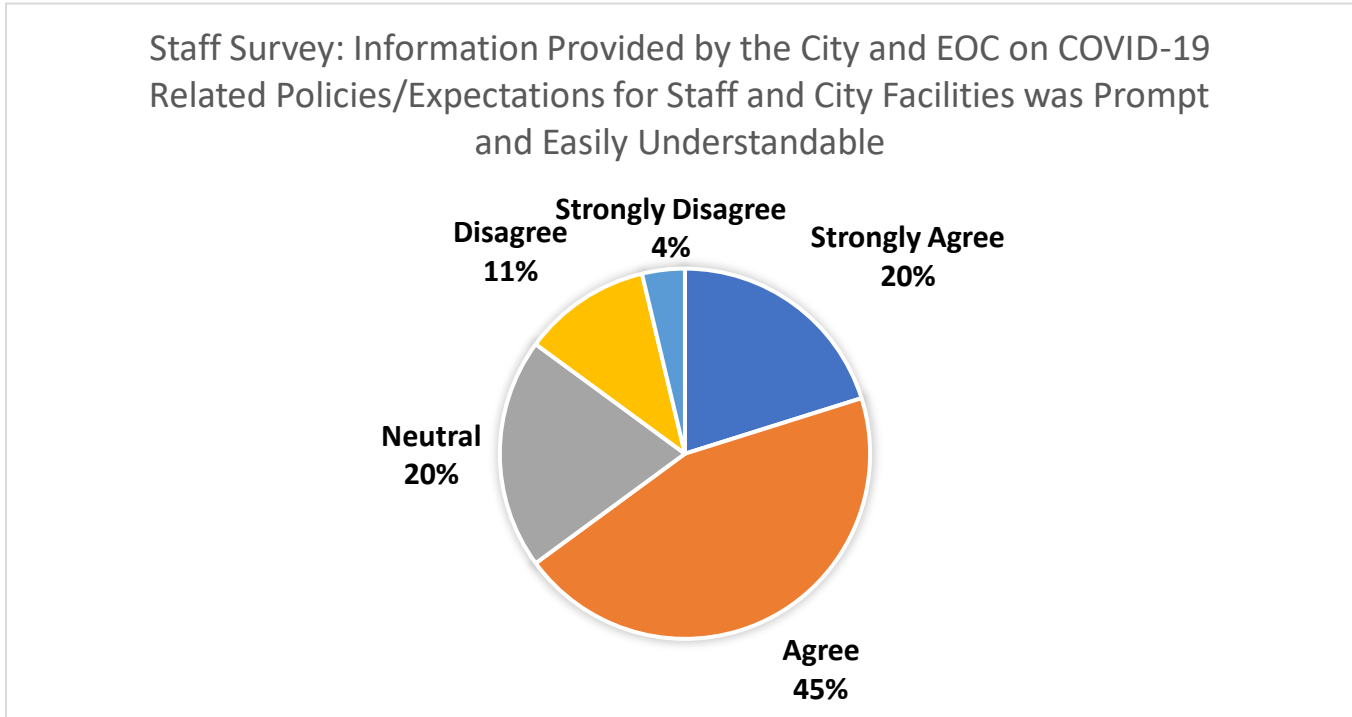


Figure 26: Staff Survey: Information Provided by the City and EOC on COVID-19 Related Policies/Expectations for Staff and City Facilities was Prompt and Easily Understandable.

When asked about having the tools and resources needed to meet the expectations of their role from November 2020 – February 2022, over half (61%) of respondents either strongly agreed or agreed. However, 22% either disagreed or strongly disagreed.

Staff respondents were also asked if they had enough tools, resources, and training to support people with disabilities and individuals with access and functional needs. These results were more divided with the highest number of respondents saying they either agreed or strongly agreed with 32%. A quarter (23%) of respondents answered that it was not applicable in their roles and a quarter (25%) answered “neutral.”

Staff Survey: I had all the Tools and Resources Needed to Meet the Expectations of my Role Between November 2020 – February 2022

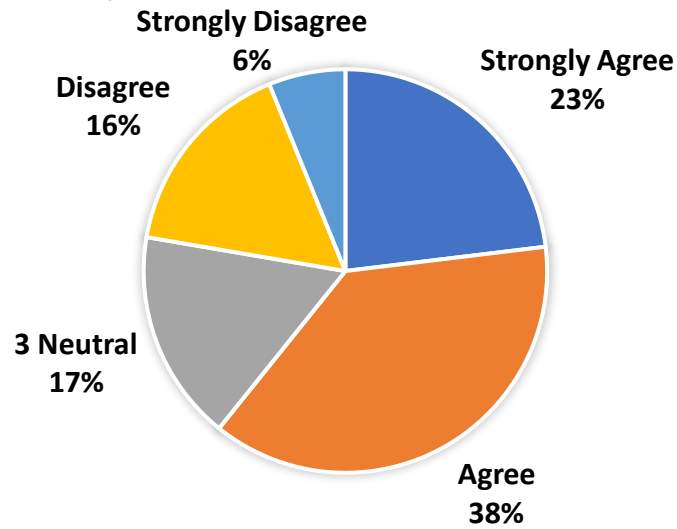


Figure 27: Staff Survey: Had all the Tools and Resources Needed to Meet the Expectations of my Role Between November 2020 – February 2022.

Staff Survey: My Team had Enough Tools, Resources, and Training to Support People with Disabilities and Individuals with AFN after November 2020

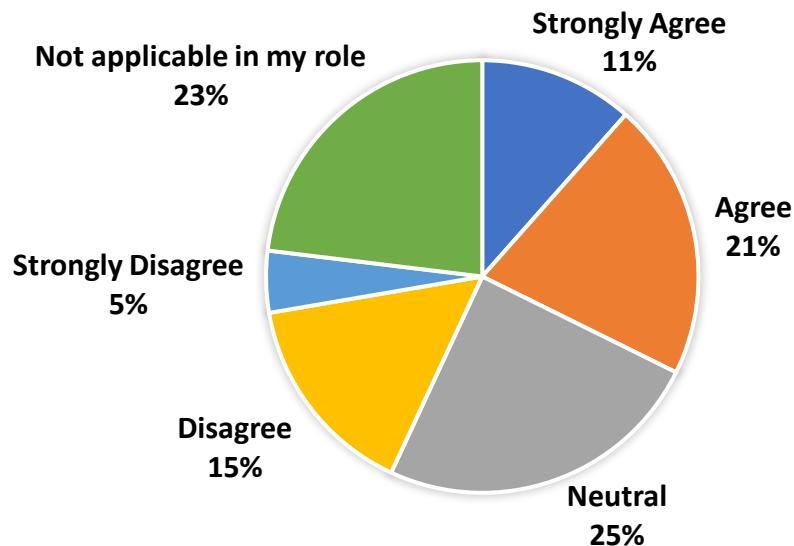


Figure 28: Staff Survey: My Team had Enough Tools, Resources, and Training to Support People with Disabilities and Individuals with AFN after November 2020.

## COORDINATION EFFORTS

Respondents were asked about the overall coordination efforts between the City of San José and their community partners. The majority of staff (63%) felt partners were helpful in advancing COVID-19 response and recovery and most partners (63%) felt that coordination went well.

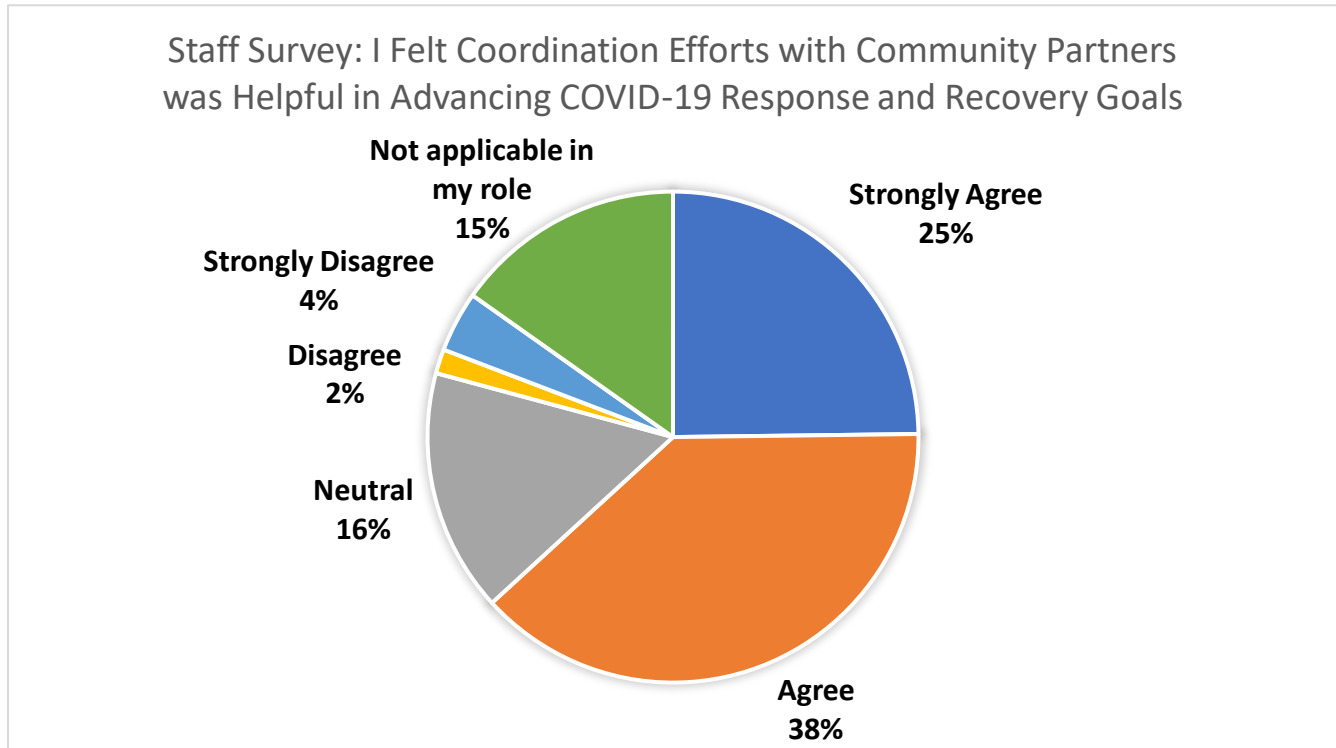


Figure 29: 2022 Staff Survey Question: Felt Coordination Efforts with Community Partners was Helpful in Advancing COVID-19 Response and Recovery Goals.

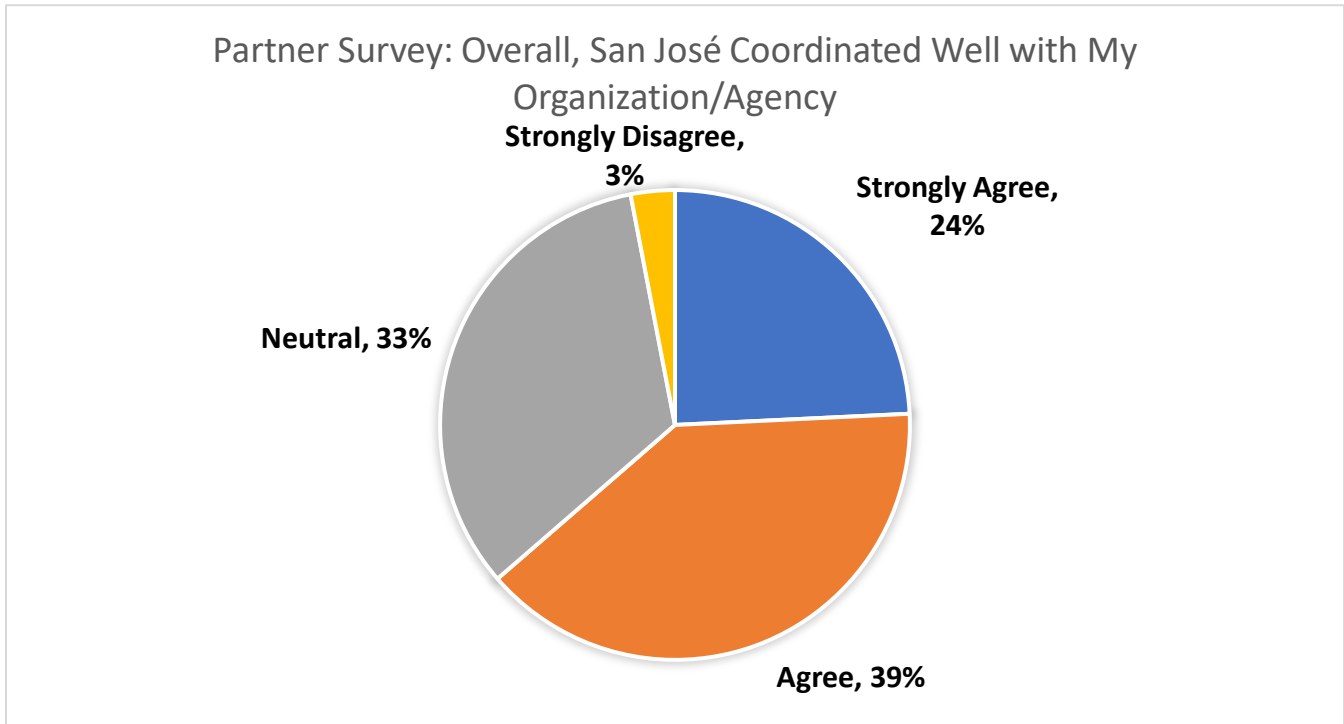


Figure 30: Overall, San José Coordinated Well with My Organization/Agency.

## CITY OF SAN JOSÉ RESPONSE AREAS

Respondents were asked to rate the effectiveness of multiple City of San José response area. These included:

- Housing stabilization
- Re-employment and workforce development
- Small business recovery
- Food and necessities distribution
- Digital equity
- Childcare
- Vaccination task force
- Communication

For both the partners and staff respondents, the majority did not know about or were unsure of the effectiveness of the following response areas:

- Housing stabilization
- Re-employment and workforce development
- Small business recovery
- Digital equity
- Childcare

The next most frequent rating for the five areas listed above was “somewhat effective.”

However, a number of areas were seen by a notable number of staff and partner respondents as effective. Food and necessities distribution was seen by 44% of staff respondents and 29% of partner respondents as completely effective. Vaccination task force was a response area that the majority of staff (43%) and 33% of partner respondents believed was completely effective. Communications was considered completely effective by 34% of staff respondents and 28% of partner respondents.

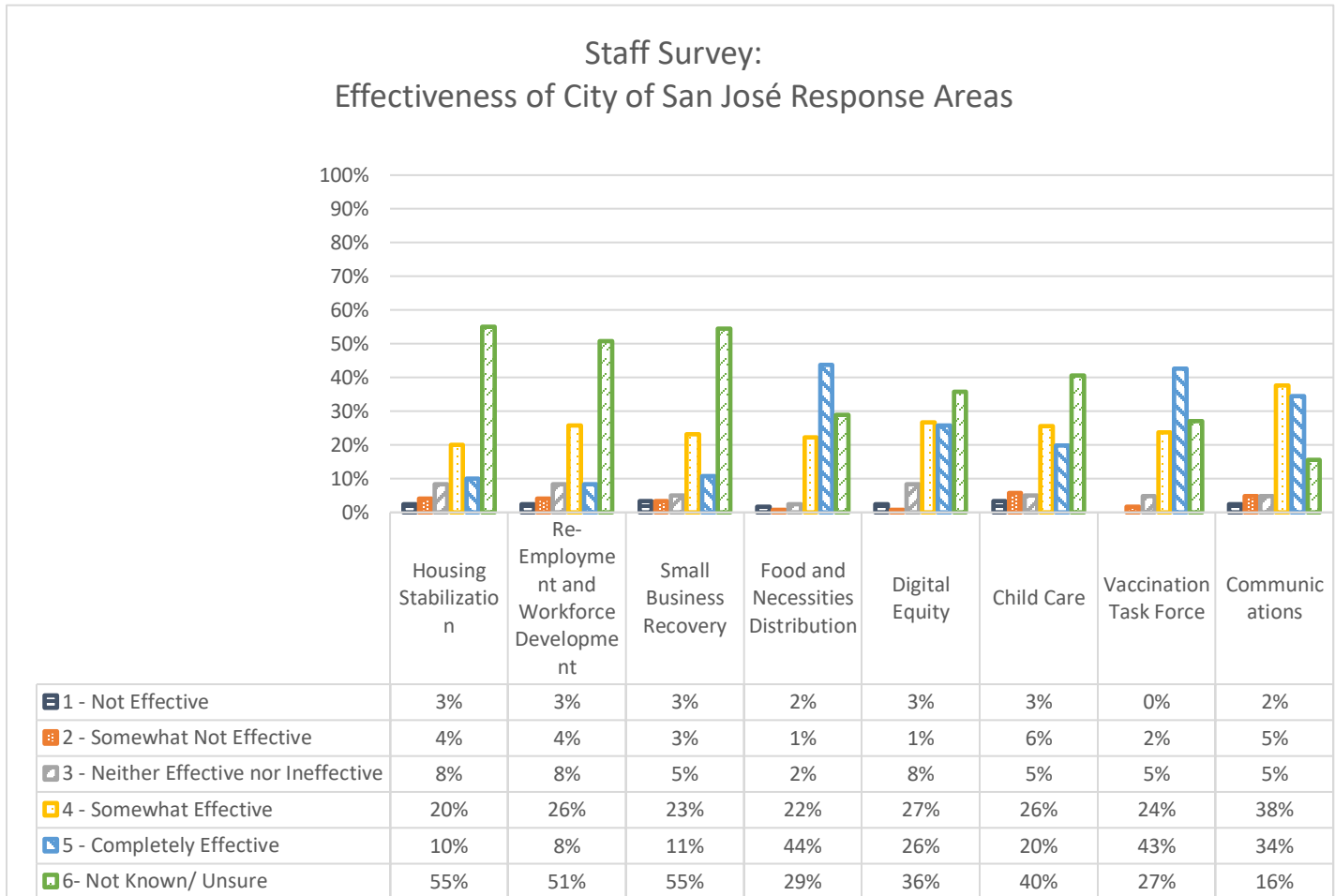


Figure 31: Staff Perspective: Effectiveness of City of San José Response Areas.

It should also be noted that none of the respondents for the partner survey stated that any response area was not effective. Only a very small percent indicated that housing stabilization (7%), re-employment and workforce development (3%), digital equity (3%), childcare (3%), vaccination taskforce (3%) and communications (7%) were somewhat not effective. Staff respondents likewise has very small numbers of people indicating any areas were not effective or somewhat not effective.



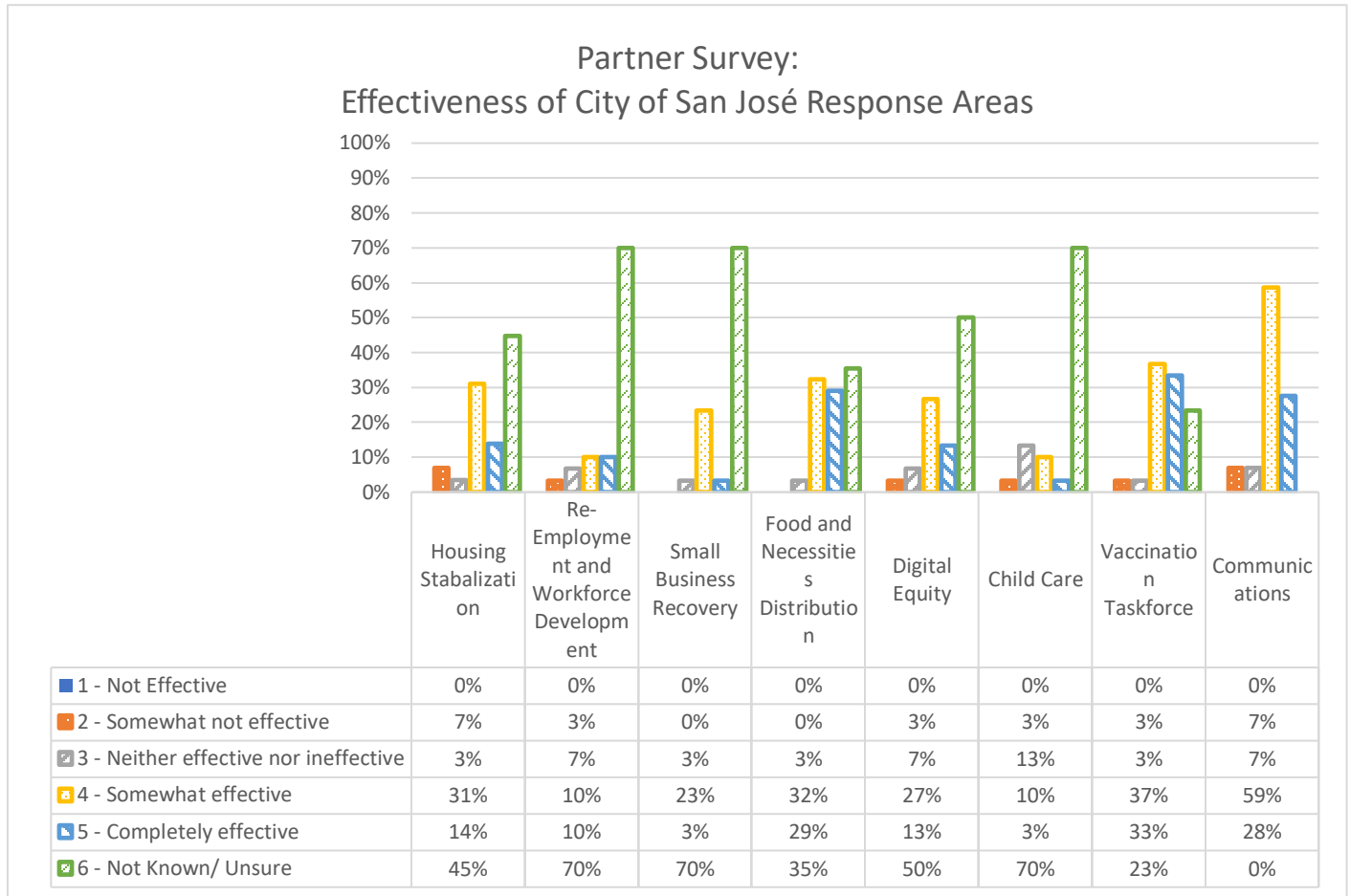


Figure 32: Partner Perspective: Effectiveness of City of San José Response Areas.

## EMPLOYEE WELLNESS AND SUPERVISION

### Staff

Additional questions were asked of staff but not partners. These primarily focused on employee wellness and supervision. Almost all of staff survey respondents (87%) said that adequate safety measures, including sufficient personal protective equipment and physical distancing measures, were implemented by their department after November 2020. A similar number of respondents (82%) also agreed or strongly agreed that their department's approach to work from home policies and procedures was fair.

Most (77%) felt supported by their immediate EOC and/or department supervisor. With this high level of support, respondents also answered that almost all (81%) were aware of the Employee Assistance Program (EAP) and other mental health support resources that were offered by the City.

However, even with adequate safety, support of supervisors, and awareness of wellness resources, 54% of staff respondents felt burnt out from participating in the EOC and/or being assigned work that belonged to colleagues participating in the EOC. Although this is over half, a notable percentage (26%) disagreed or strongly disagreed about feeling burnout under those circumstances.

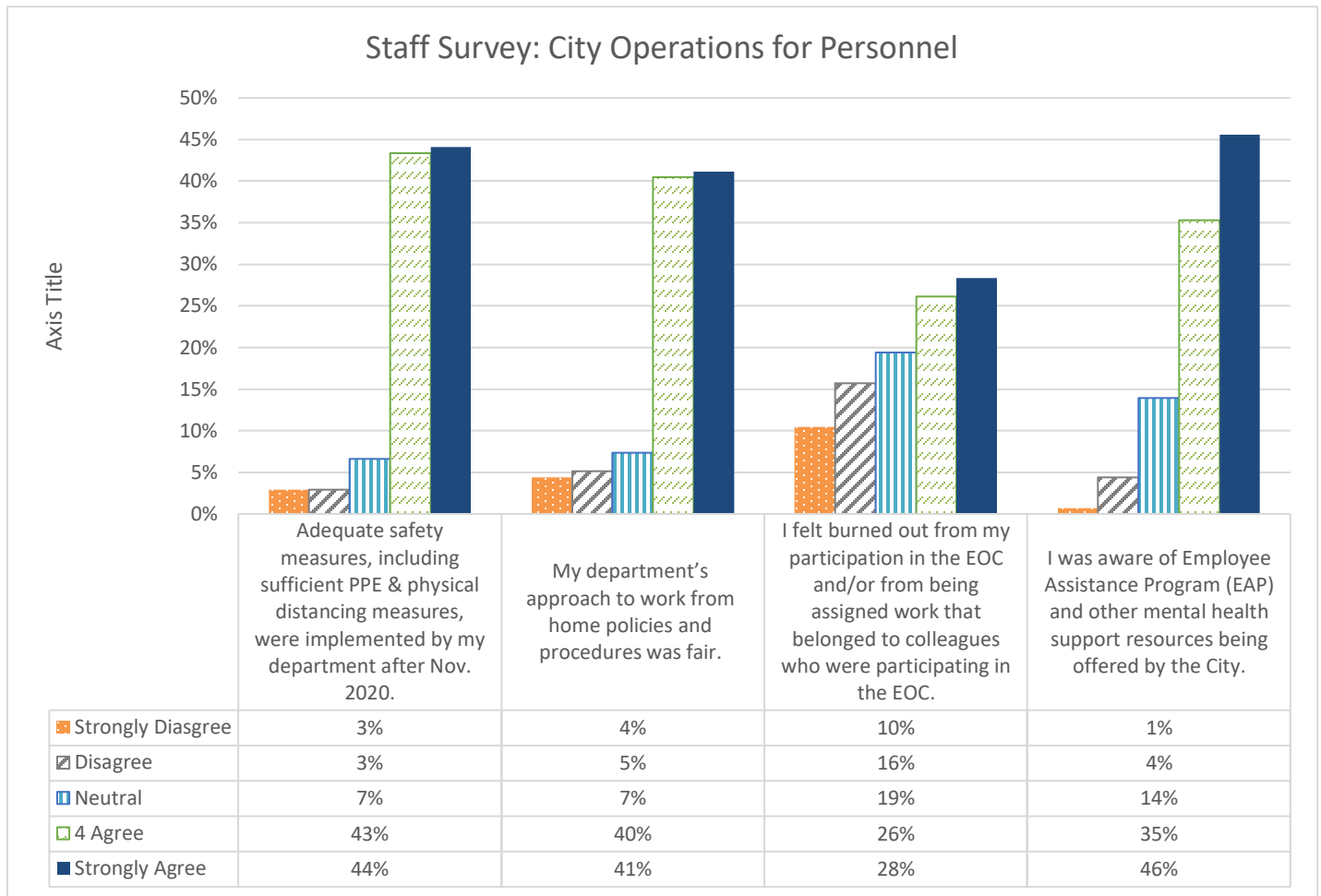


Figure 33: Staff Perspectives on City Operations for Personnel.

## OPEN-ENDED RESPONSE HIGHLIGHTS

Survey respondents were asked open-ended response questions at the end of both surveys. The information provided was analyzed and incorporated into the After Action Report/Improvement Plan.

## 2022 San José COVID-19 Business Survey Summary

### OVERVIEW

A total of 166 respondents completed the City of San José COVID-19 After Action Report Business Survey. The survey was developed to collect data from local businesses regarding the City of San José's COVID-19 response activities between November 2020 - February 2022. It was distributed by the San José Office of Economic Development through their email distribution list. This electronic survey was provided in English, Vietnamese, Chinese (traditional), and Spanish to potential participants. There was one respondent to the Spanish version, two to the Chinese (traditional), and 163 respondents who used the English version. The following information is the combined answers from all language versions. Please note that survey participants were allowed to choose more than one answer so some the percentages on some questions may equal more than 100%.

Most (78%) of respondents were small business owners, while 16% were employees and 14% chose "other" which included community advocates, contractors, and landlords.

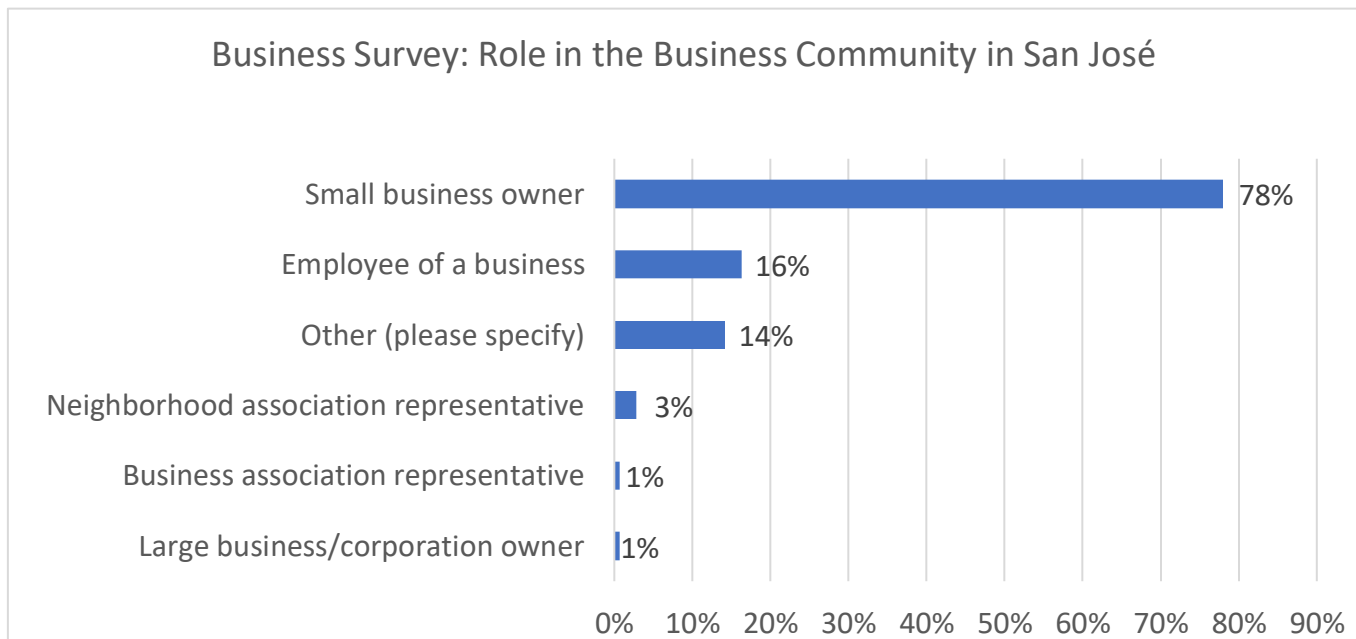


Figure 34:2022 Business Survey Question. Role in the Business Community in San José.

## INFORMATION ACCESS

Some respondents preferred to receive information in a language other than English (16%). Of those, the three most common languages chosen were Spanish (67%), Vietnamese (25%), and Chinese (25%). This highlights the need to prioritize certain languages for translation services based on the demographics of the people representing businesses in San José.

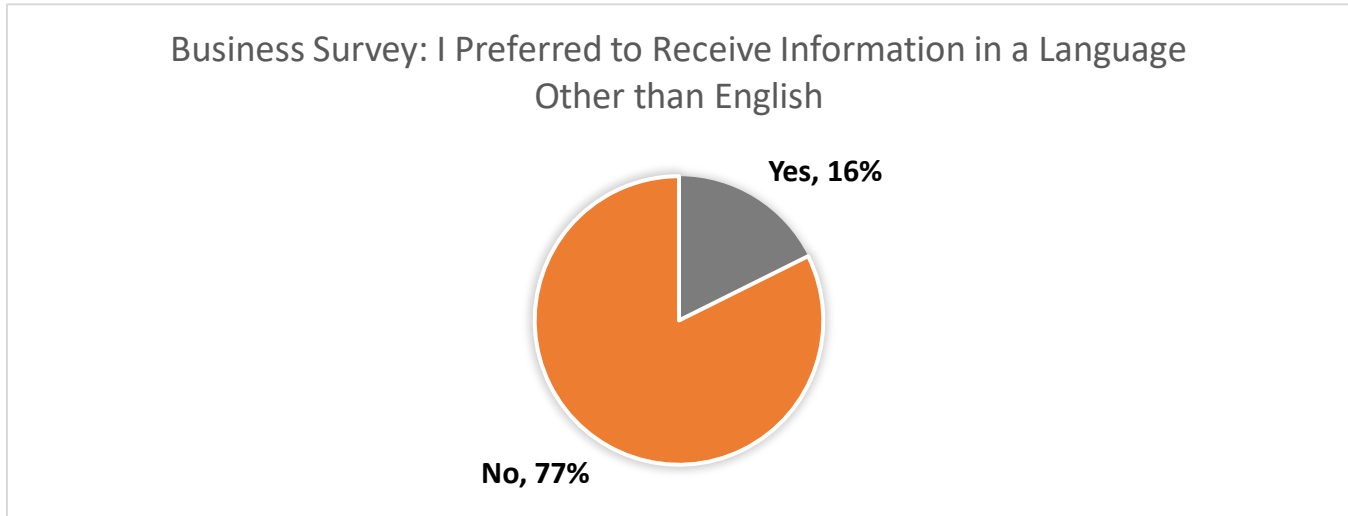


Figure 35: 2022 Business Survey Question. Preferred to Receive Information in a Language Other than English.

During the pandemic, businesses were reported to have received the most information regarding public health orders, resources for businesses, guidance on how businesses needed to operate on TV (39%), the City of San José's website (37%), the Office of Economic Development's Email Listserv (28%) and by word of mouth (27%). Respondents chose the Office of Economic Development's Email Listserv as the most preferred method of receiving information from the City of San José (41%) followed by Santa Clara County Website (31%), the City of San José Flash Reports (27%), TV (20%), and Text Messaging (20%).

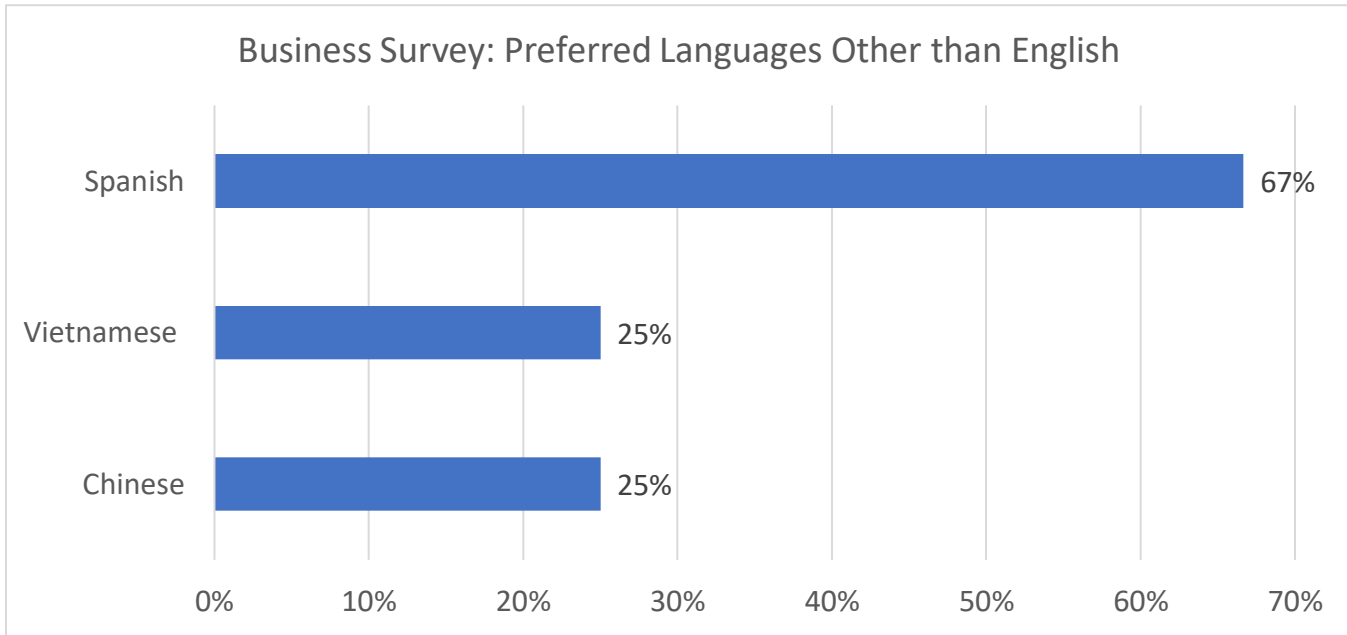


Figure 36: 2022 Business Survey Question. Preferred Language Other than English.

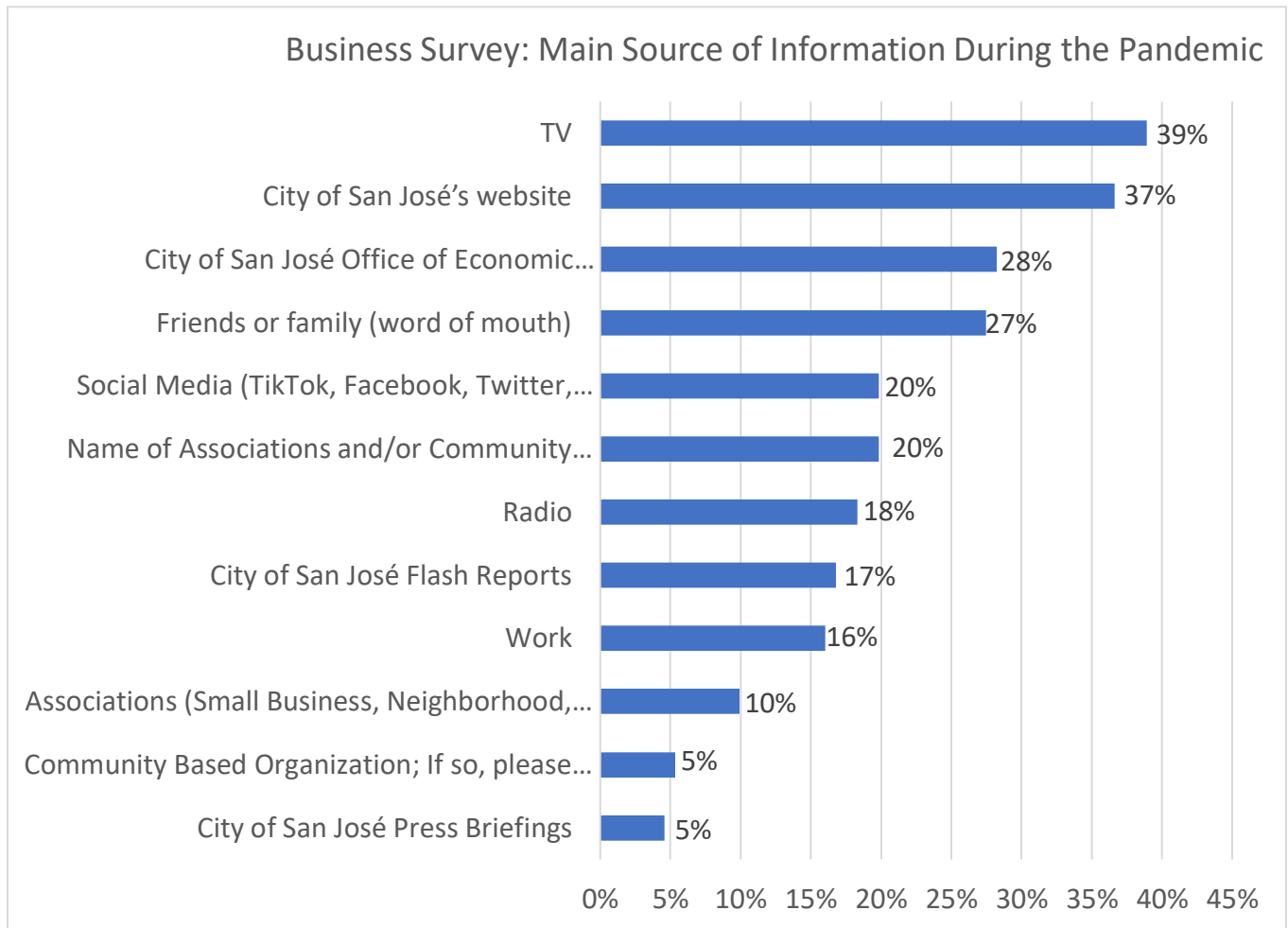


Figure 37: 2022 Business Survey Question. Main Source of Information during the pandemic.



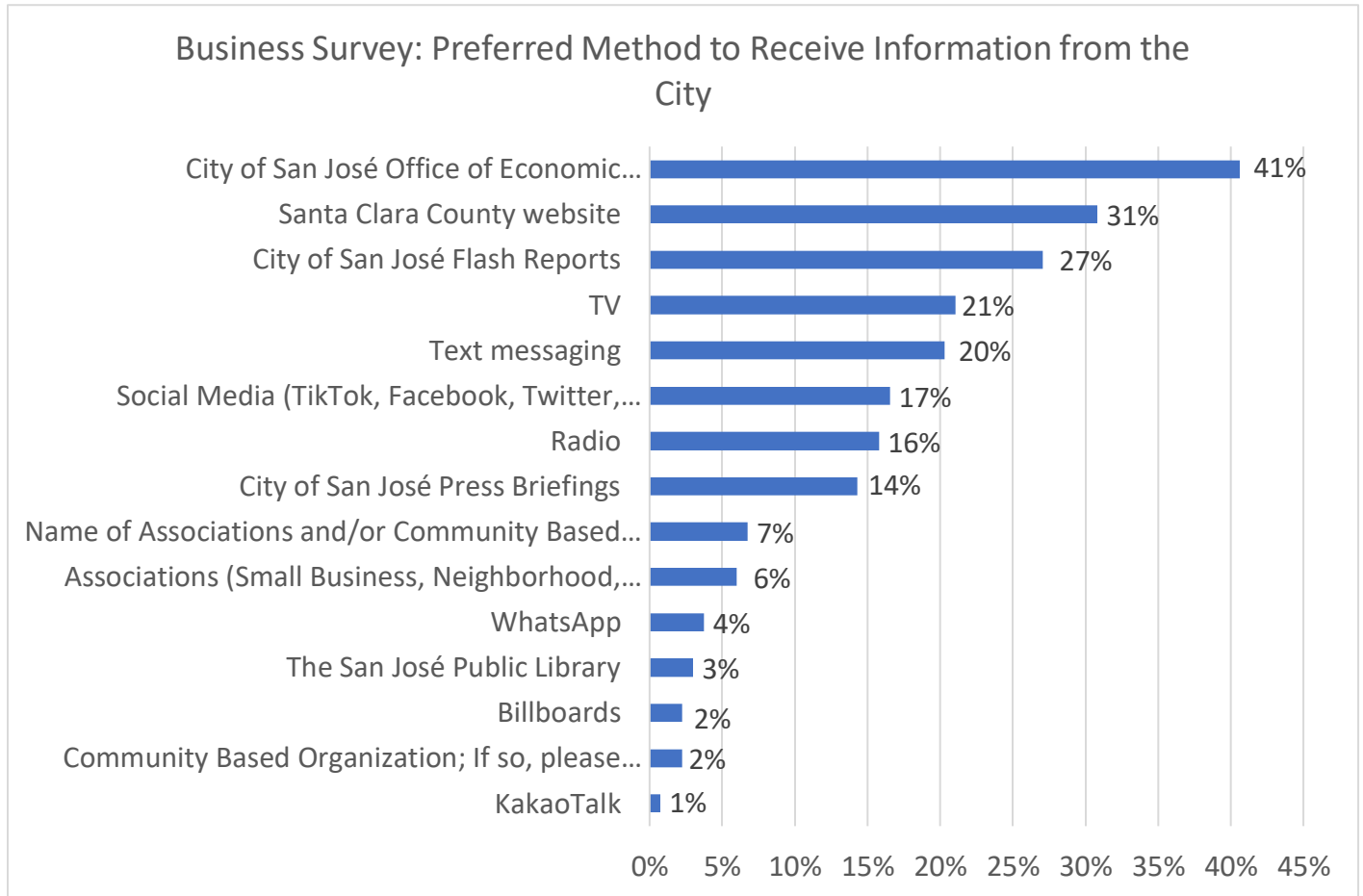


Figure 38: 2022 Business Survey Question. Preferred Method to Receive Information from the City.

## COVID-19 SERVICES

Respondents were asked to rate the City of San José's COVID-19 services. Sharing information on financial services (loans, Financial Hardship Exemption Program, Eviction Moratorium, etc.) received the most positive rating from respondents with 48% indicating it was somewhat to completely useful.

The next highest rated services was the City of San José's website (47% somewhat to completely useful). Guidance from the City on ways to expand business operations safely (outdoor seating, masking, social distancing, etc.) and the City of San José's listerv emails also had over 40% positive response to their usefulness.

### Business Survey: Usefulness of Services from the City

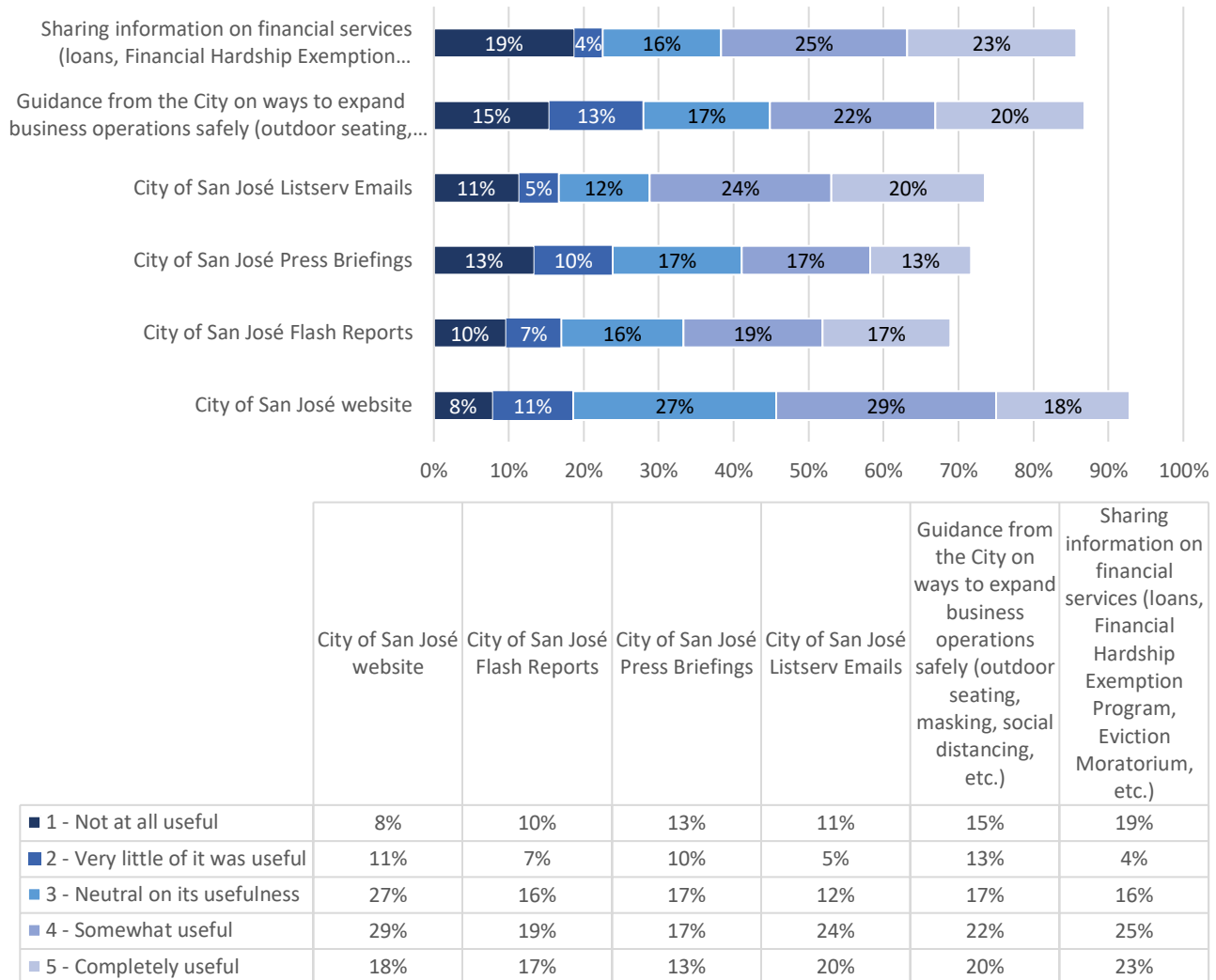


Figure 39: Usefulness of services from the City.

## FINANCIAL SERVICES

Respondents were asked to rate the City of San José’s ability to meet the financial needs of local businesses. Most respondents gave the City of San José a 5 out of 10 in meeting the financial needs of their business during the COVID-19 pandemic. When asked how the City of San José could help businesses better meet their financial needs, most respondents requested providing information on grants (54%) followed by hosting additional webinars on financial topics (29%) and providing more access to loans or loan information (29%).

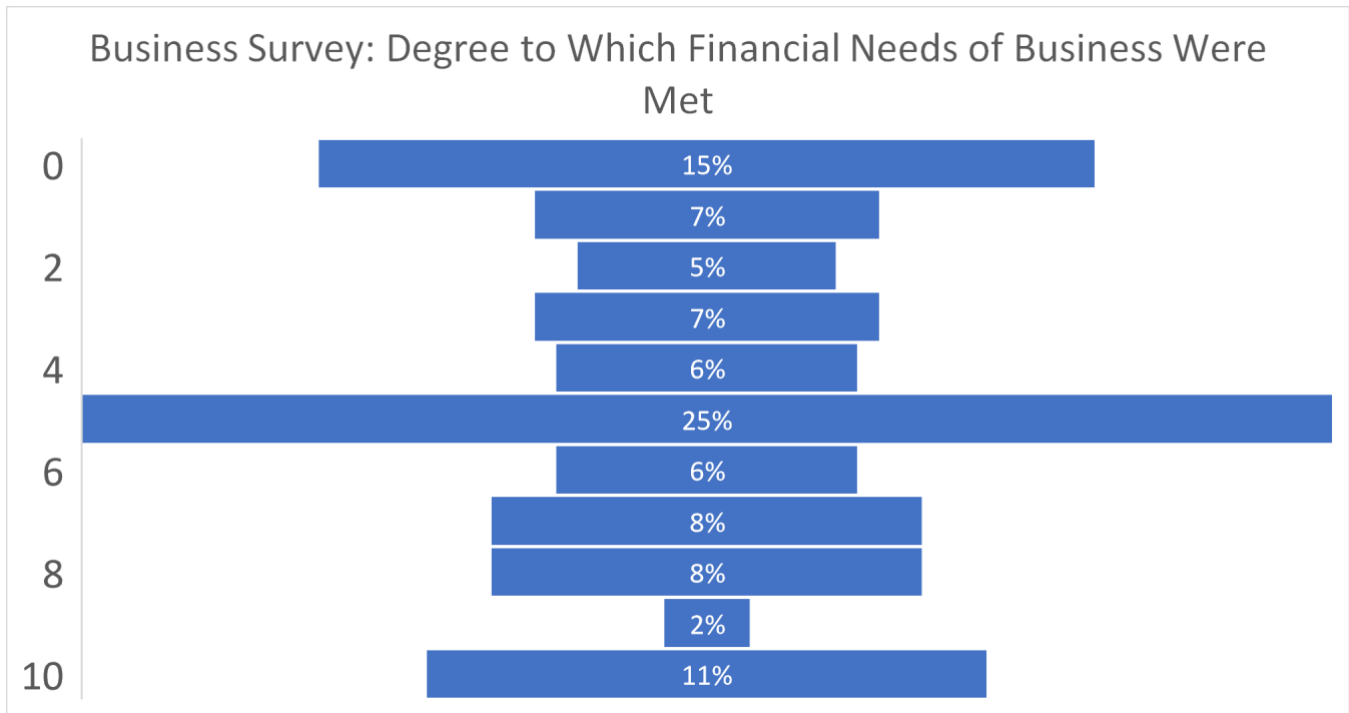


Figure 40: Degree to Which Financial Needs of Business Were Met.

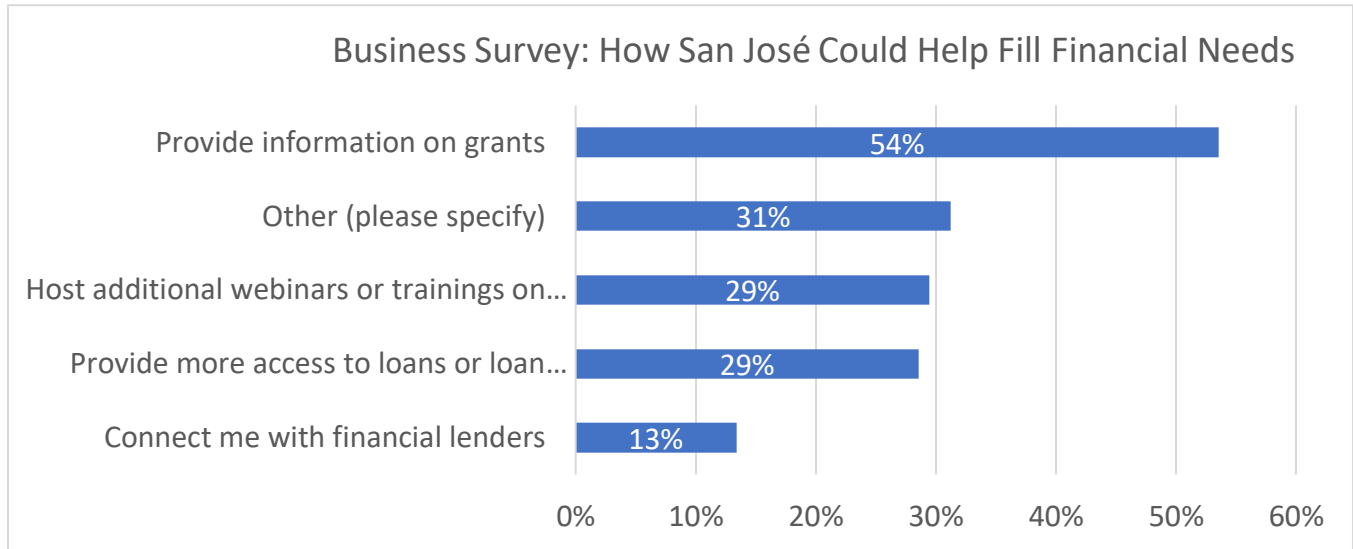


Figure 41: How San José Could Help Fill Financial Needs.

## 2022 San José COVID-19 Public Survey Summary

### OVERVIEW

A total of 48 respondents completed the City of San José COVID-19 After Action Report Public Survey. The survey was developed to collect data regarding the City of San José's COVID-19 response activities between November 2020 - February 2022. It was distributed at local community events as well as shared at 25 City library branches and 11 City community centers. This electronic survey was provided in English, Vietnamese, Chinese (traditional), Chinese (simplified) and Spanish to potential participants. There was one respondent to the Spanish version, one to the Chinese (traditional), and 45 respondents who used the English version. The following information is the combined answers from all language versions. Please note that survey participants were allowed to choose more than one answer so some the percentages on some questions may equal more than 100%.

### AWARENESS OF COVID-19 SERVICES

Respondents overwhelmingly reported hearing about Food Distribution services (75%), while the next most common services included opportunities to volunteer (47%), free or reduced utilities and internet (47%), and employment and job training (47%).

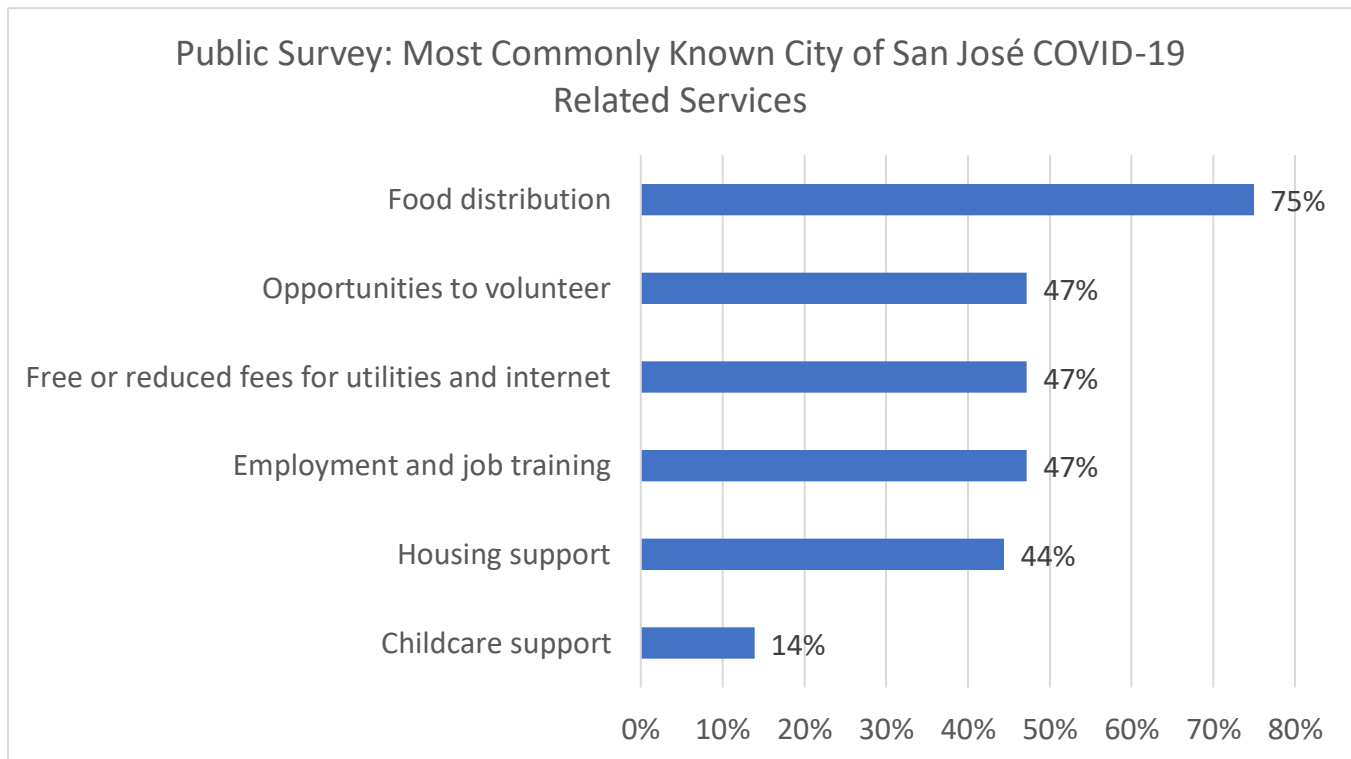


Figure 42: Most Commonly Known City of San José COVID-19 Related Services.

The public survey respondents primarily heard about the City of San José's COVID-19 related services through social media platforms such as Facebook, Twitter, Instagram, Nextdoor (47%) and the City's website (47%). The next most common way the public heard about COVID-19 services was via word of mouth through friends and family (33%) and at work (33%).

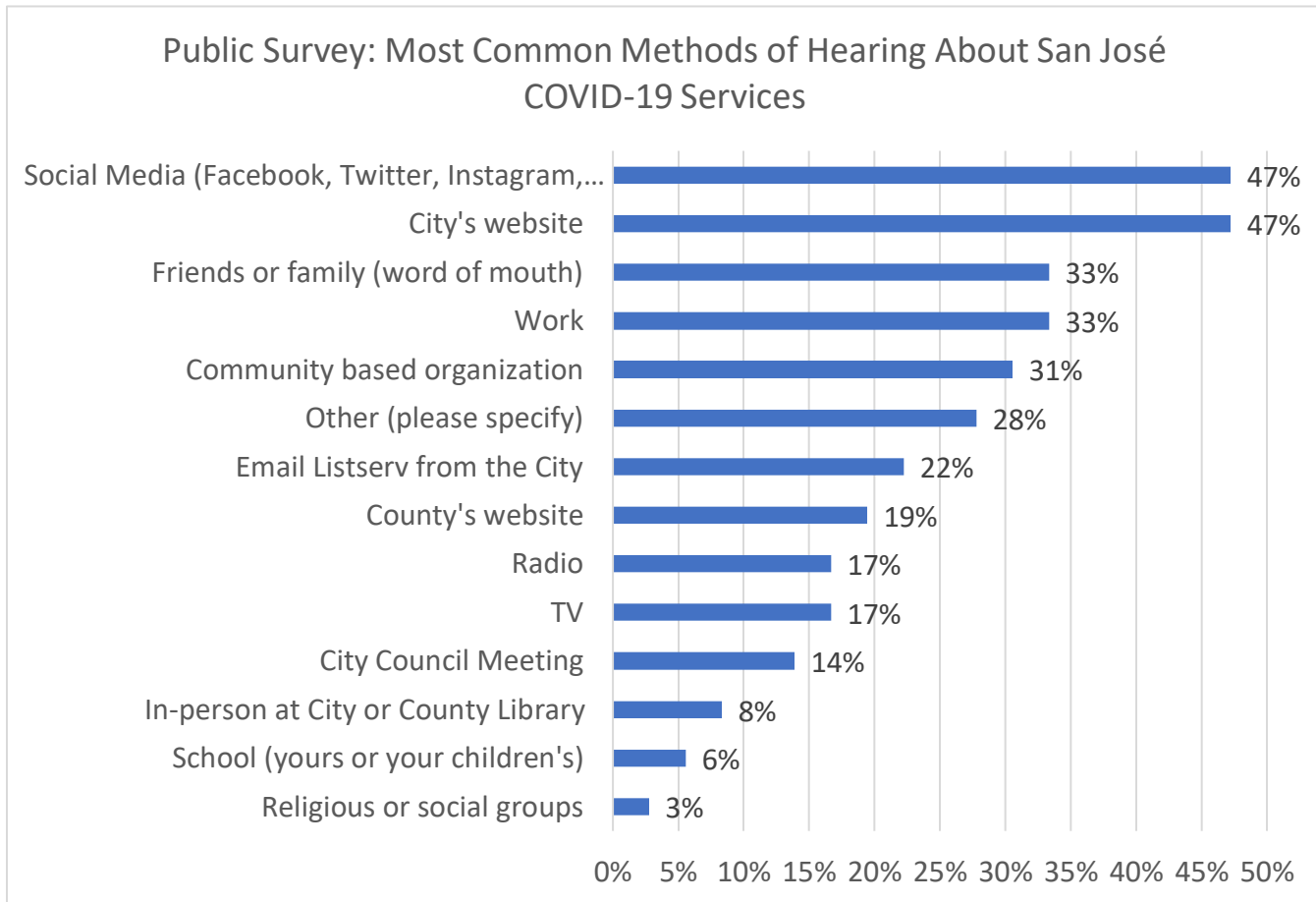


Figure 43: Most Common Methods of Hearing About San José COVID-19 Services.



While social media platforms were the most common way respondents heard about COVID-19 services, a majority indicated they would have liked to hear more about these through social media (42%) and CBOs (36%). The methods of receiving information that respondents provided in the “other” categories are listed in the following table.

Table 2: Other Methods Requested to Receive Information

Other Methods Received Information	Other Methods Desired to Receive Information
Community Emergency Response Team (CERT) course	Direct mail
Flyer	Personal healthcare provider
Library	Online from real medical providers
Newspapers	Neighborhood Associations
Neighborhood Associations	--

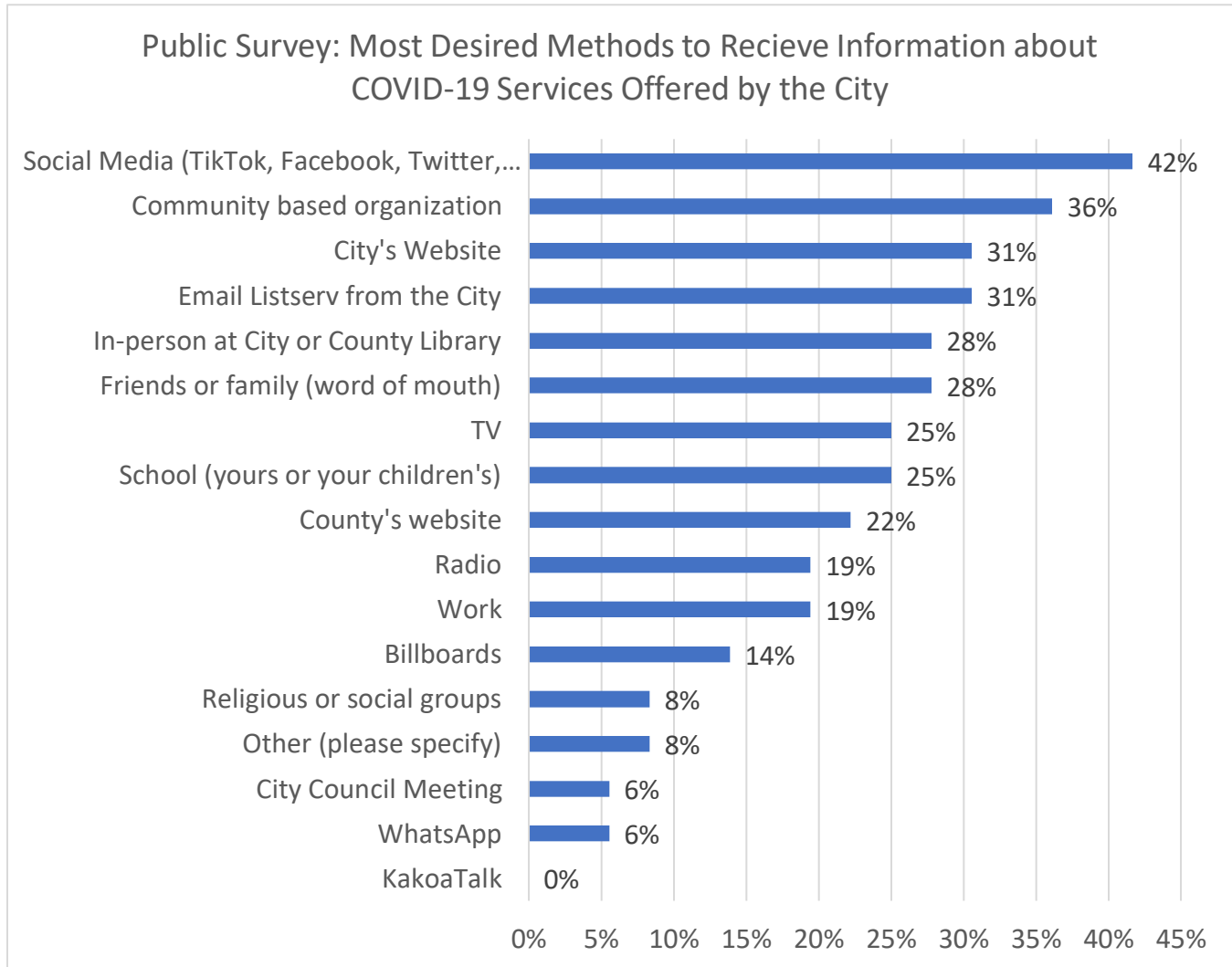


Figure 44: Most Desired Methods to Receive Information about COVID-19 Services Offered by the City.

## USE OF COVID-19 SERVICES

Most respondents utilized COVID-19 Vaccine Information services to find information such as location of vaccine clinics, details on vaccine clinic schedules, etc. (75%). Over a quarter of the public respondents also engaged in volunteer opportunities and used family resources. Interestingly, although 75% of public survey respondents had heard about food services, only 22% used that resource.

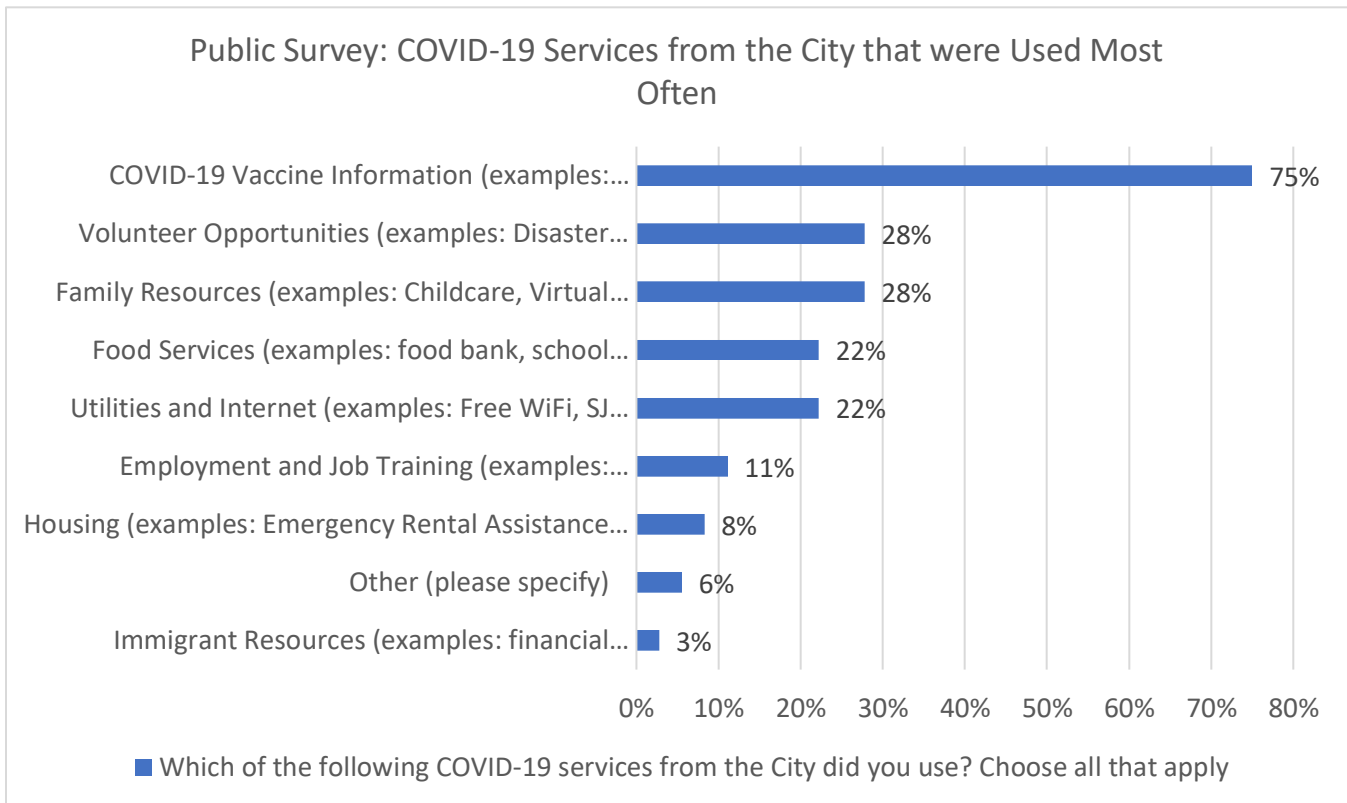


Figure 45: COVID-19 Services from the City that were Used Most Often.

The final question asked participants to rate their experiences of utilizing COVID-19 services on a 5-point scale from “very unhappy/unsatisfied” to “very happy/satisfied.” Almost all services had the largest percentage of respondents choose neutral except for Vaccine Information and Volunteer Opportunities.

For the most frequently used service, COVID-19 Vaccine Information, most respondents indicated they were very happy/satisfied (26%) or happy/satisfied (35%). However, it was also the most likely to be rated negatively with 24% of people indicating they were unhappy/unsatisfied or very unhappy/unsatisfied with vaccination information.

Providing utility and internet services to support the public was another priority of the City of San José. Most respondents who indicated they used the service were happy/satisfied (24%). A similar number of people indicated their satisfaction with volunteer opportunities (24% very – happy/satisfied).

Employment and Job Training opportunities and Housing Services were both not heavily utilized by the respondent group, and those who used the service most often felt neutral or had no feelings either way (14-23%) about them.

## APPENDIX C: ACRONYMS LIST

AACI – Asian Americans for Community Involvement

ADA – Americans with Disabilities Act

AFN- Access and Functional Needs

ASES - Afterschool Education and Safety

ASL – American Sign Language

BPA – Business Process Automation

CADRE – Collaborating Agencies’ Disaster Relief Efforts

Cal OES – California Office of Emergency Services

CERT – Community Emergency Response Team

CBO(s)- Community-based Organization(s)

CDBG – Community Development Block Grant

CDC – Center for Disease Control and Prevention

CPDH – California Department of Public Health

COE – County Office of Education

COOP- Continuity of Operations Plan

CONSTANT – Constant & Associates

COVID-19- Coronavirus Disease 2019

CRF – Coronavirus Relief Fund

CSLFRF – Coronavirus State and Local Federal Relief Fund

DCARA – Deaf Counseling and Referral Agency

EAP – Employee Assistance Program

EMS – Emergency Medical Services

EMWG – Emergency Managers Workgroup

EOC- Emergency Operations Center

EPIO- Emergency Public Information Officer

EUA – Emergency Use Authorization

FDA- Food & Drug Administration

FEMA- Federal Emergency Management Agency

FY – Fiscal Year

GIS – Geographic Information System

ICS – Incident Command System

ICU – Intensive Care Unit

JIS – Joint Information System

MACLA - Movimiento de Arte y Cultura Latino Americana

MOU- Memorandum of Understanding

MYTEP- Multi-Year Training and Exercise Program

NGO – Non-governmental Organizations

NSE – Neighborhood Services and Education

OEM- Office of Emergency Management

OAP- Operational Adjustment Plan

PACT – People Acting in Community Together

P-cards – Purchase Cards

PIO – Public Information Officer

PPE- Personal Protective Equipment

PRNS- Parks, Recreation, and Neighborhood Services

ROCK – Recreation of City Kids

RSV – Respiratory Syncytial Virus

SEIU – Service Employees International Union

SJRP – San José Recreation Preschool

SNP – Senior Nutrition Program

SNS – Strategic National Stockpile

UFCW – United Food and Commercial Workers

USWW – United Service Workers West

VHHP – Valley Homeless Healthcare Program

WEA – Wireless Emergency Alerts

WHO- World Health Organization

## APPENDIX D: INCIDENT STATISTICS & MAPS

### COVID-19 CASE RATES

The below graph, obtained from the County of Santa Clara Public Health Department COVID-19 Dashboard, depicts the number of COVID-19 cases from the beginning of the pandemic (March 2020) to December 28, 2022. As of June 10, 2022, new case counts include cases that are presumed reinfections, defined as a positive test more than 90 days after the first positive test for a previous infection.

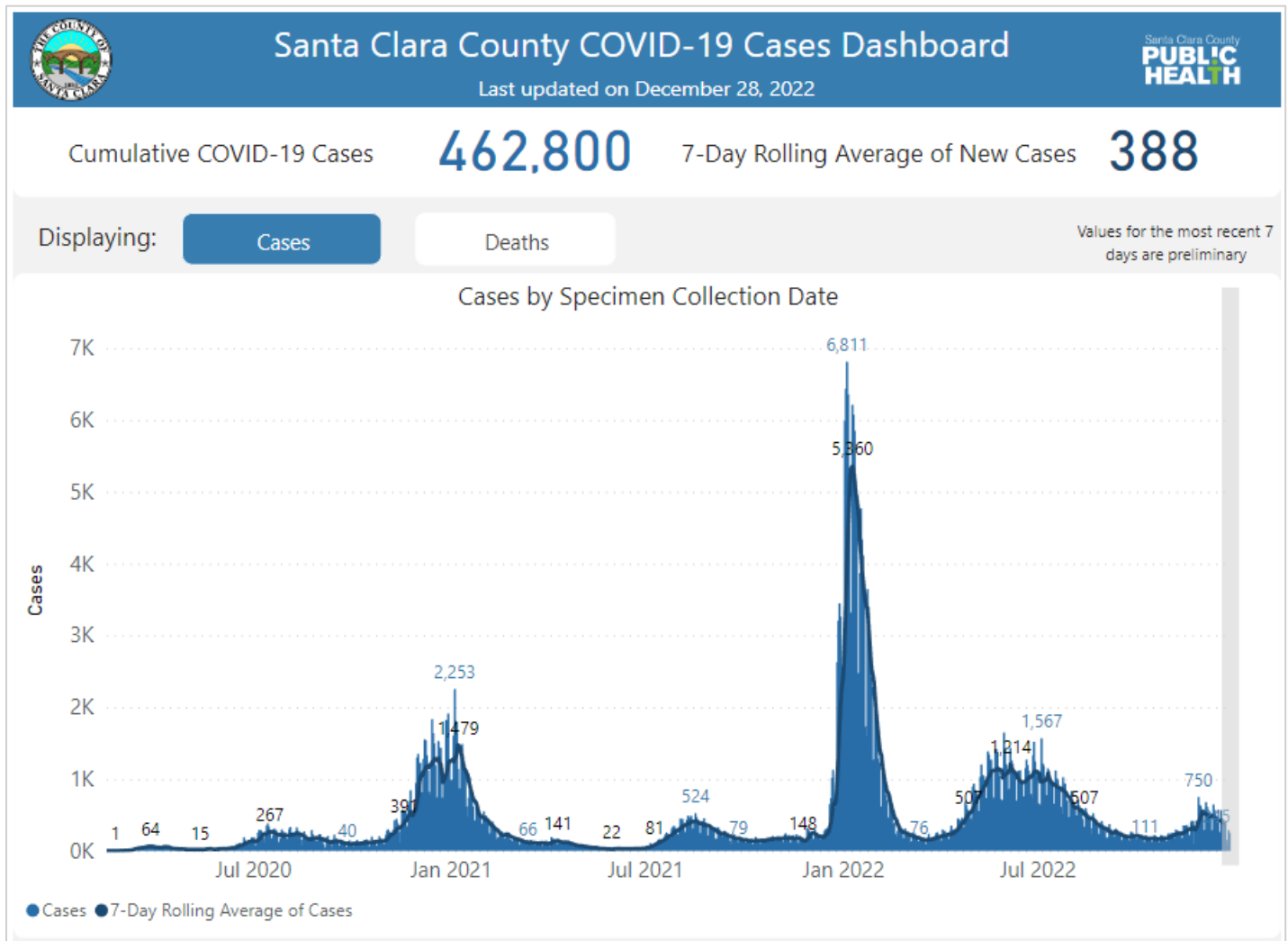


Figure 46: COVID-19 Cases by Specimen Collection Date. Accessed from <https://covid19.sccgov.org/dashboard-cases-and-deaths>



The following graph depicts the 7-day daily average COVID-19 cases by day for residents ages 5 and up overall, for unvaccinated residents ages 5 and up, and for fully vaccinated residents ages 5 and up. The overall COVID-19 case rate is calculated as the total number of cases on a given day per 100,00 county residents for residents ages 5 and up.

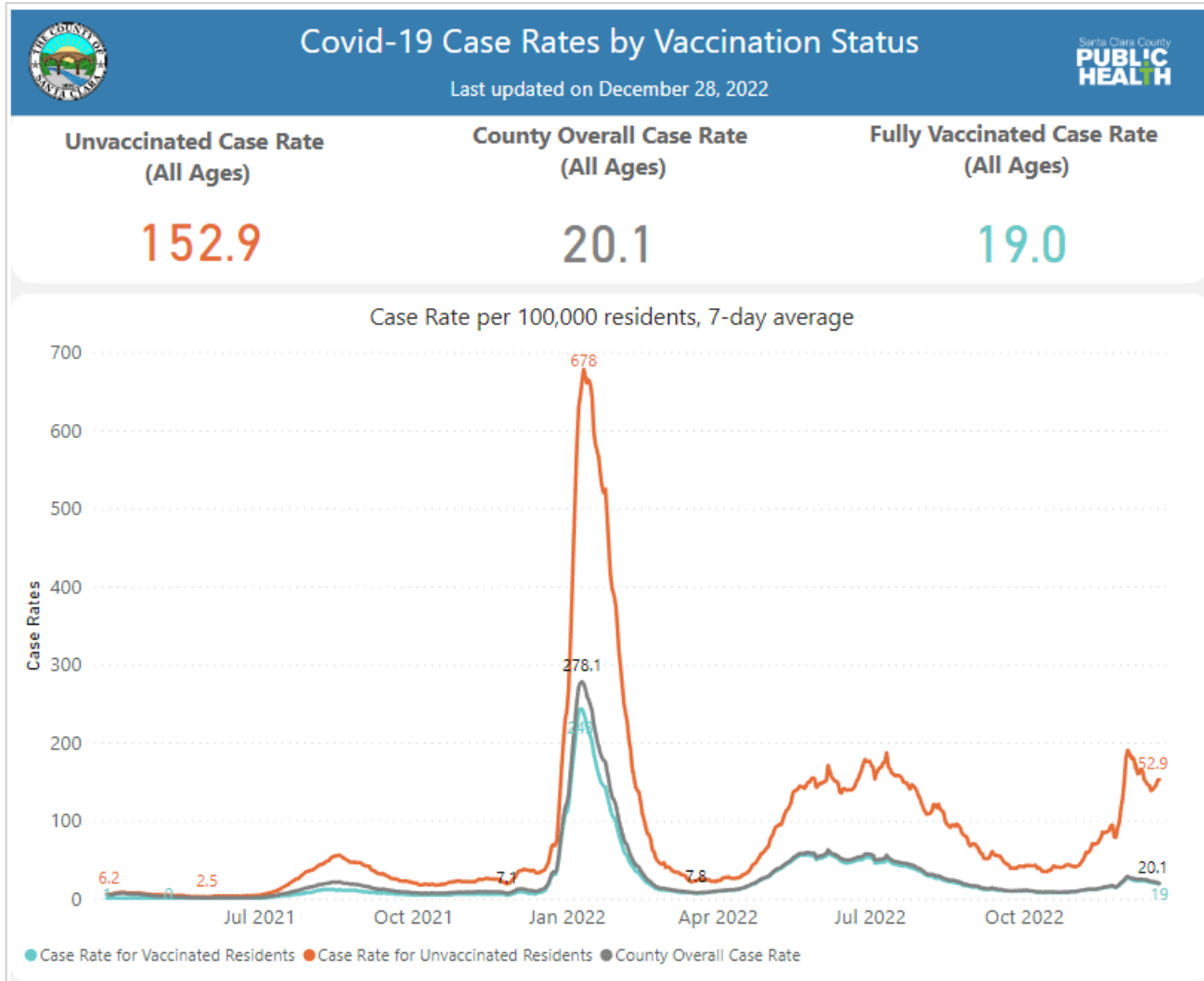


Figure 47: COVID-19 Case Rates by Vaccination Status. Accessed from <https://covid19.sccgov.org/dashboard-case-rates-vaccination-status>

The following graphs display COVID-19 cases by age, gender, and race/ethnicity within Santa Clara County.

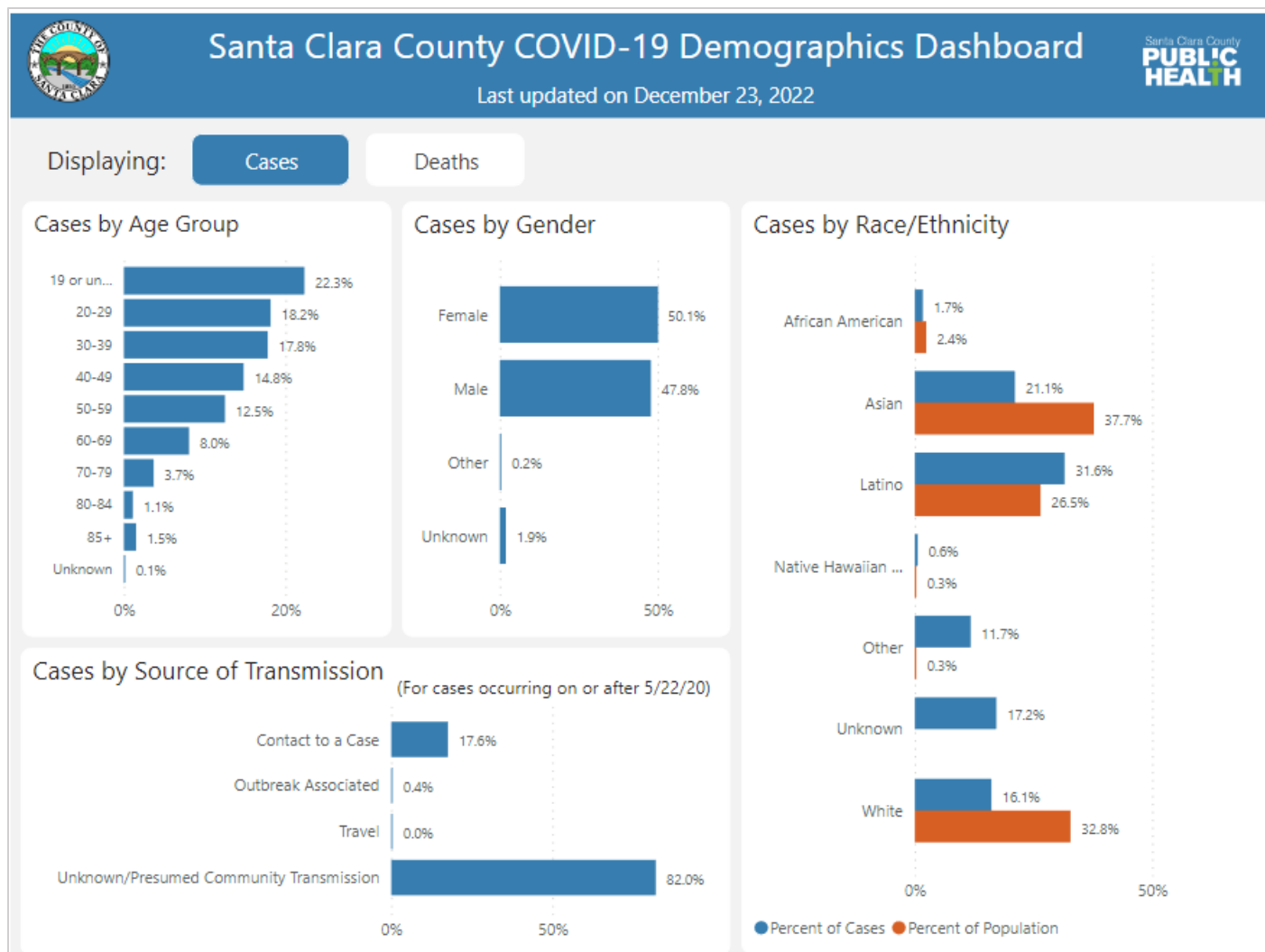


Figure 48: Santa Clara County COVID-19 Demographics Dashboard - Cases. Accessed from <https://covid19.sccgov.org/dashboard-demographics-of-cases-and-deaths>

The map below summarizes counts and rates of cumulative COVID-19 cases of Santa Clara County. Cities with higher rates of cases per 100,000 residents appear as a darker shade of blue than cities with lower rates of cases. The City of San José, shown below, is highlighted with a darker shade of blue (>22,658 – 36,240 per 100,000 people).

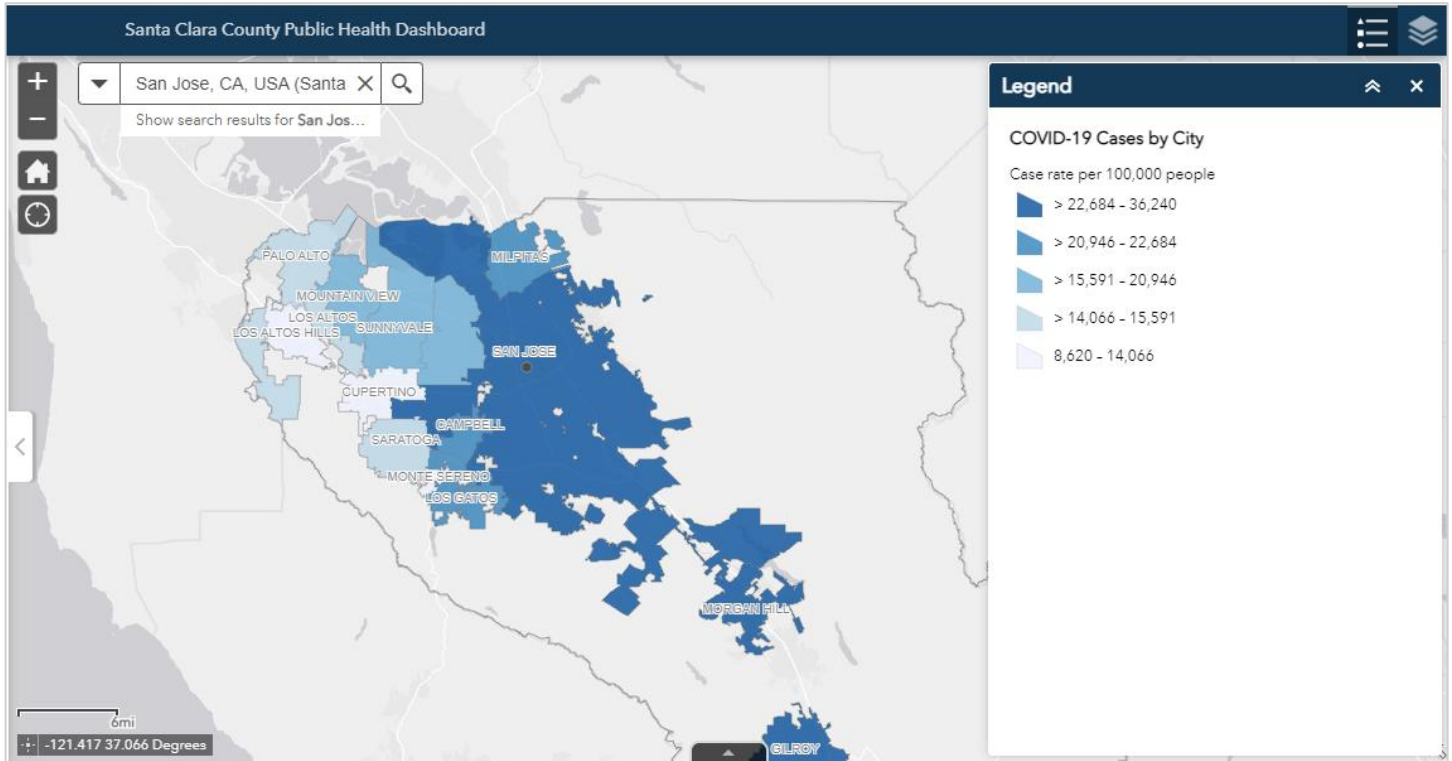


Image 49: Santa Clara County Public Health Dashboard - COVID-19 Case Rates by City. Accessed from <https://covid19.sccgov.org/dashboard-cases-by-zip-code-and-city>

## COVID-19 COMMUNITY TRANSMISSION LEVELS

The following image, provided by the Center for Disease Control and Prevention (CDC) COVID-19 Data Tracker, depicts the COVID-19 Community Levels in California. This information is updated weekly, with the most recent occurring on Thursday, December 29, 2022. Santa Clara County has been highlighted in the below image.

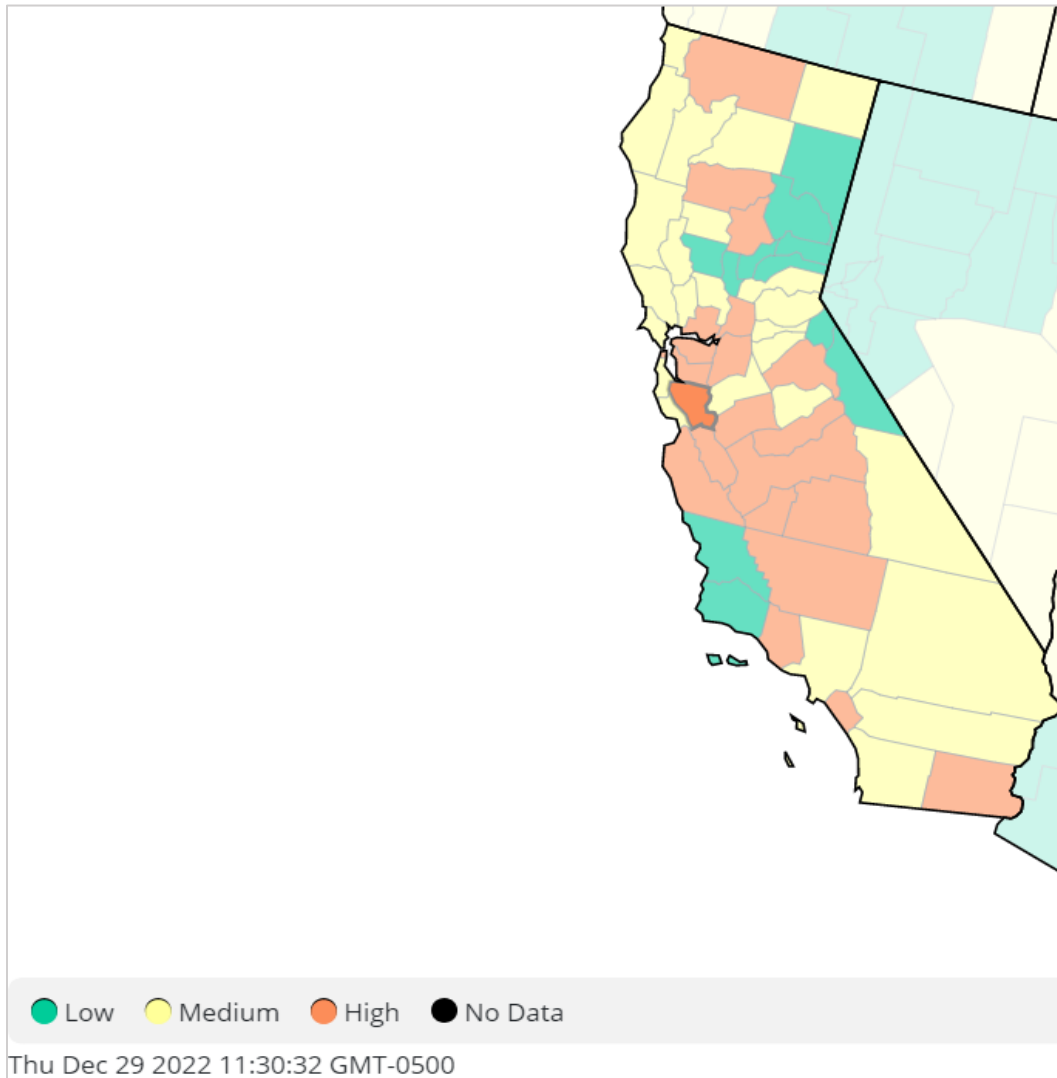


Image 50: COVID-19 Community Levels in California. Accessed from [https://covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=California&data-type=CommunityLevels&list\\_select\\_county=6085&null=CommunityLevels](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=California&data-type=CommunityLevels&list_select_county=6085&null=CommunityLevels)

## COVID-19 HOSPITALIZATION AND DEATH RATES

The below graphs provide information on hospitalized individuals who are infected with COVID-19, and on bed availability in hospitals located within Santa Clara County. It also provides the number of patients seen in the emergency departments at these hospitals.

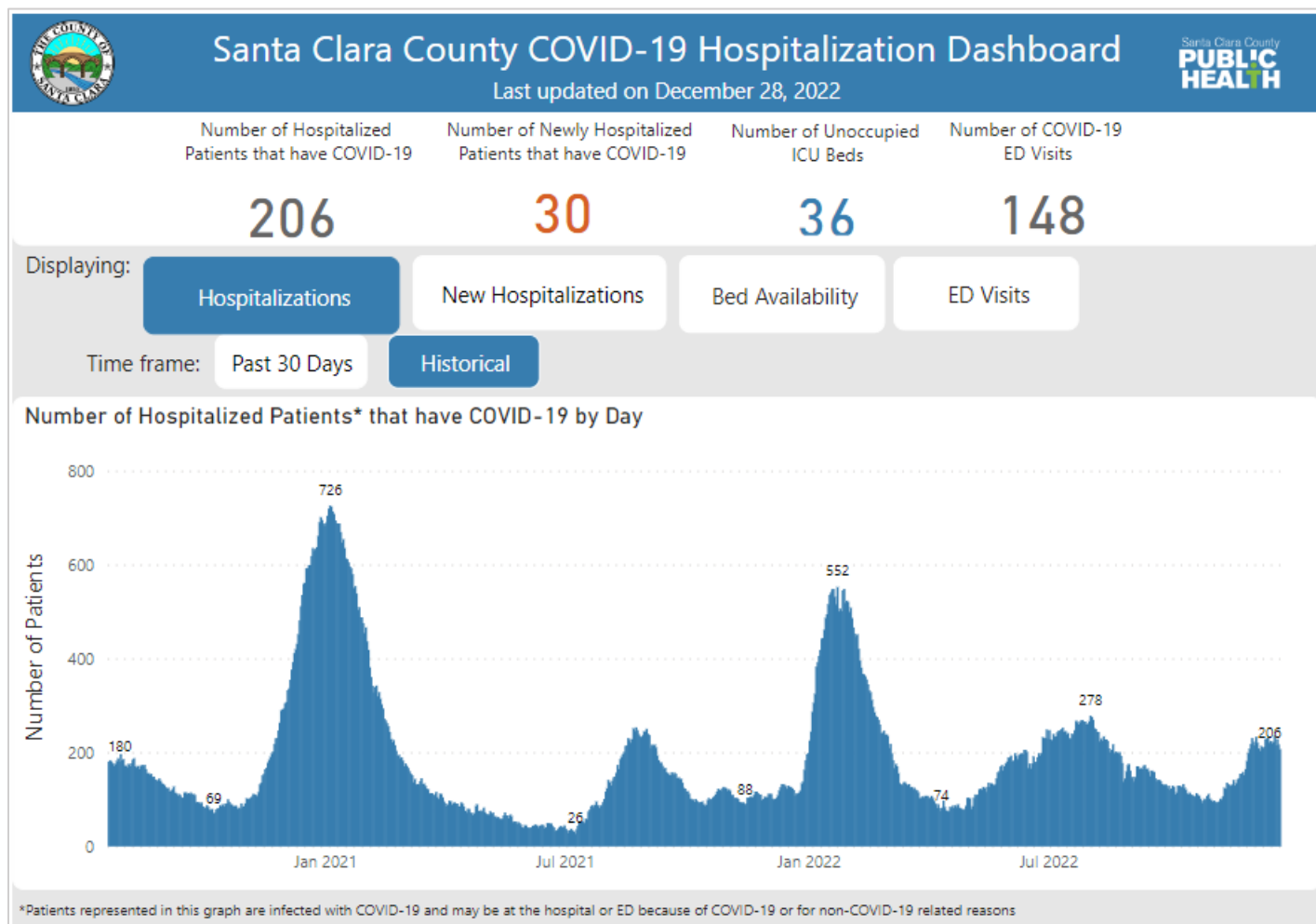


Figure 51: Santa Clara County COVID-19 Hospitalization Dashboard - Historical Hospitalizations. Accessed from <https://covid19.sccgov.org/covid-19-hospitalization-dashboard>

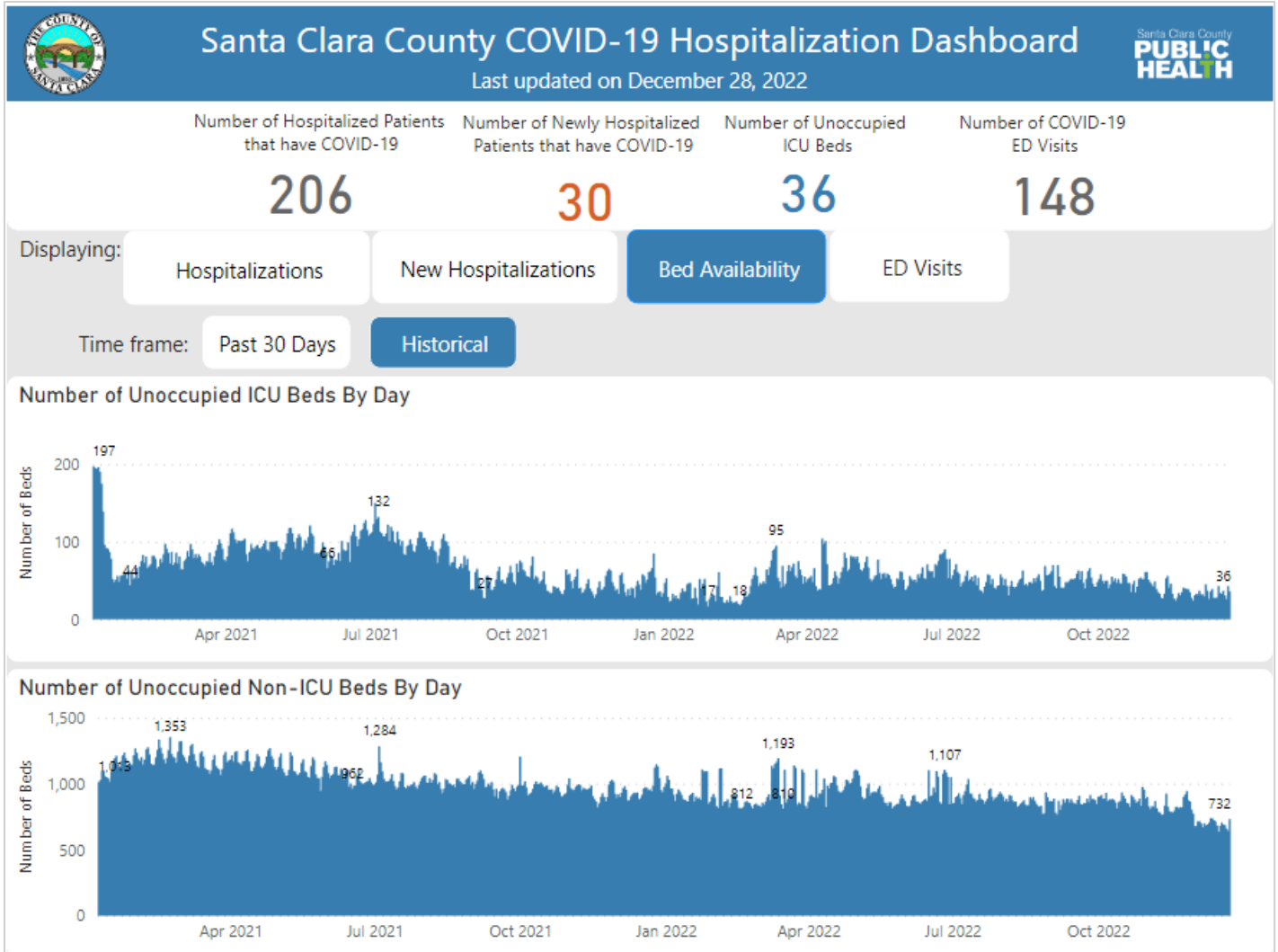


Figure 52: Santa Clara County COVID-19 Hospitalization Dashboard - Historical Bed Availability. Accessed from <https://covid19.sccgov.org/covid-19-hospitalization-dashboard>

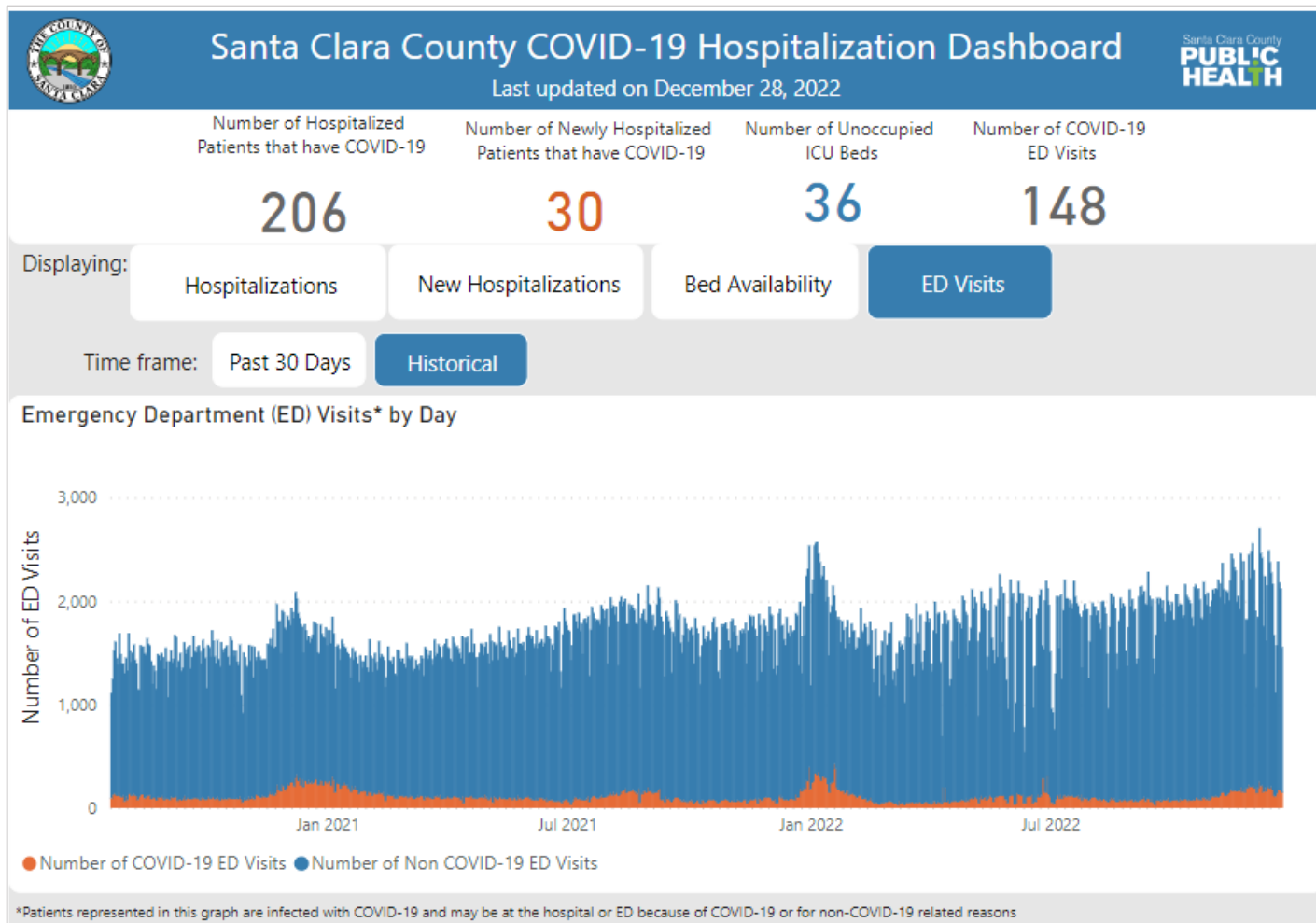


Figure 53: Santa Clara County COVID-19 Hospitalization Dashboard - Historical ED Visits. Accessed from <https://covid19.sccgov.org/covid-19-hospitalization-dashboard>

The below table provides information regarding COVID-19 hospitalization and death rates by vaccination status.

Vaccination Status	Cases of hospitalization with COVID-19, per 100,000	Deaths from COVID-19, per 100,000
Vaccinated	2.05	0.19
Unvaccinated	35.24	4.25

Figure 54: COVID-19 Hospitalization and Death Rates by Vaccination Status. Accessed from <https://covid19.sccgov.org/dashboard-case-rates-vaccination-status>



The following graphic shows the change in COVID-19 death rates over the course of the pandemic.

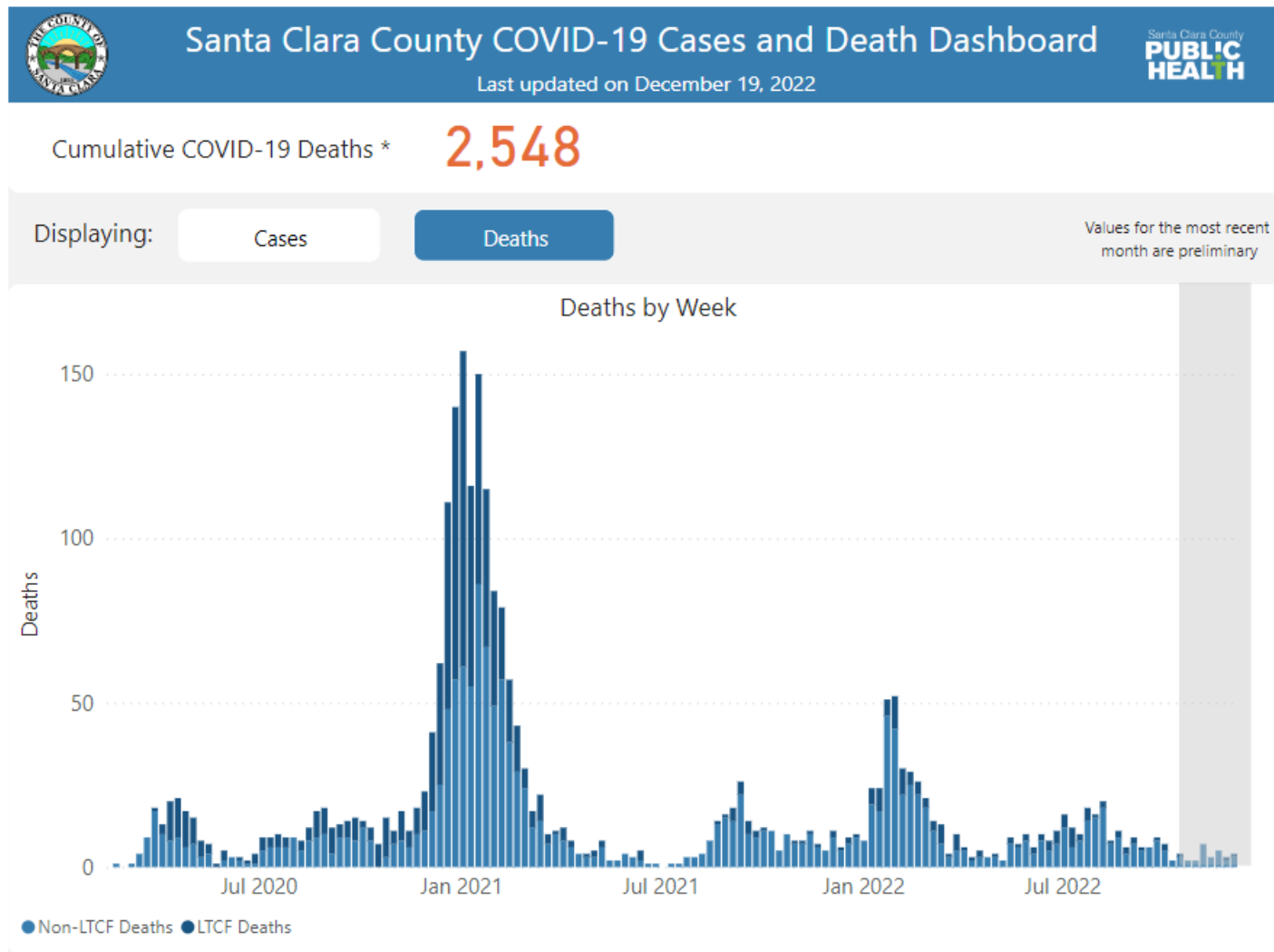


Figure 55: COVID-19 Deaths by Week. Accessed from <https://covid19.sccgov.org/dashboard-cases-and-deaths>

The following graphs provide information regarding COVID-19 related deaths and demographic characteristics, including age, gender, race/ethnicity, source of transmission for cases, and underlying conditions for deaths.

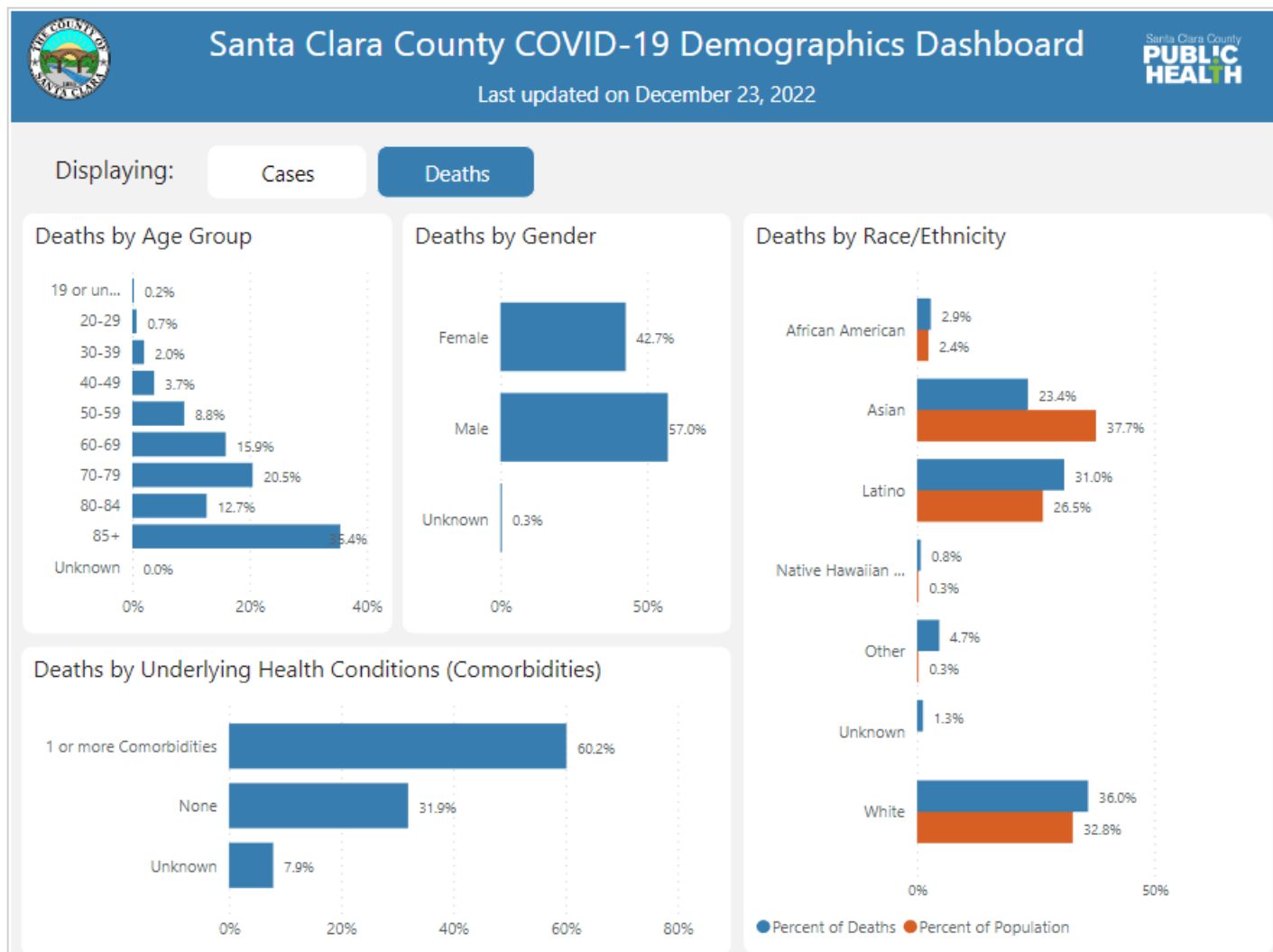


Figure 56: Santa Clara County COVID-19 Demographics Dashboard - Deaths. Accessed from <https://covid19.sccgov.org/dashboard-demographics-of-cases-and-deaths>

## COVID-19 VACCINATION

The following dashboard provides information about vaccine administration to Santa Clara County residents. This includes residents who have been vaccinated by providers within Santa Clara County and residents who have been vaccinated outside of the county. This does not include people who were vaccinated by providers in Santa Clara County but are not residents of Santa Clara County.

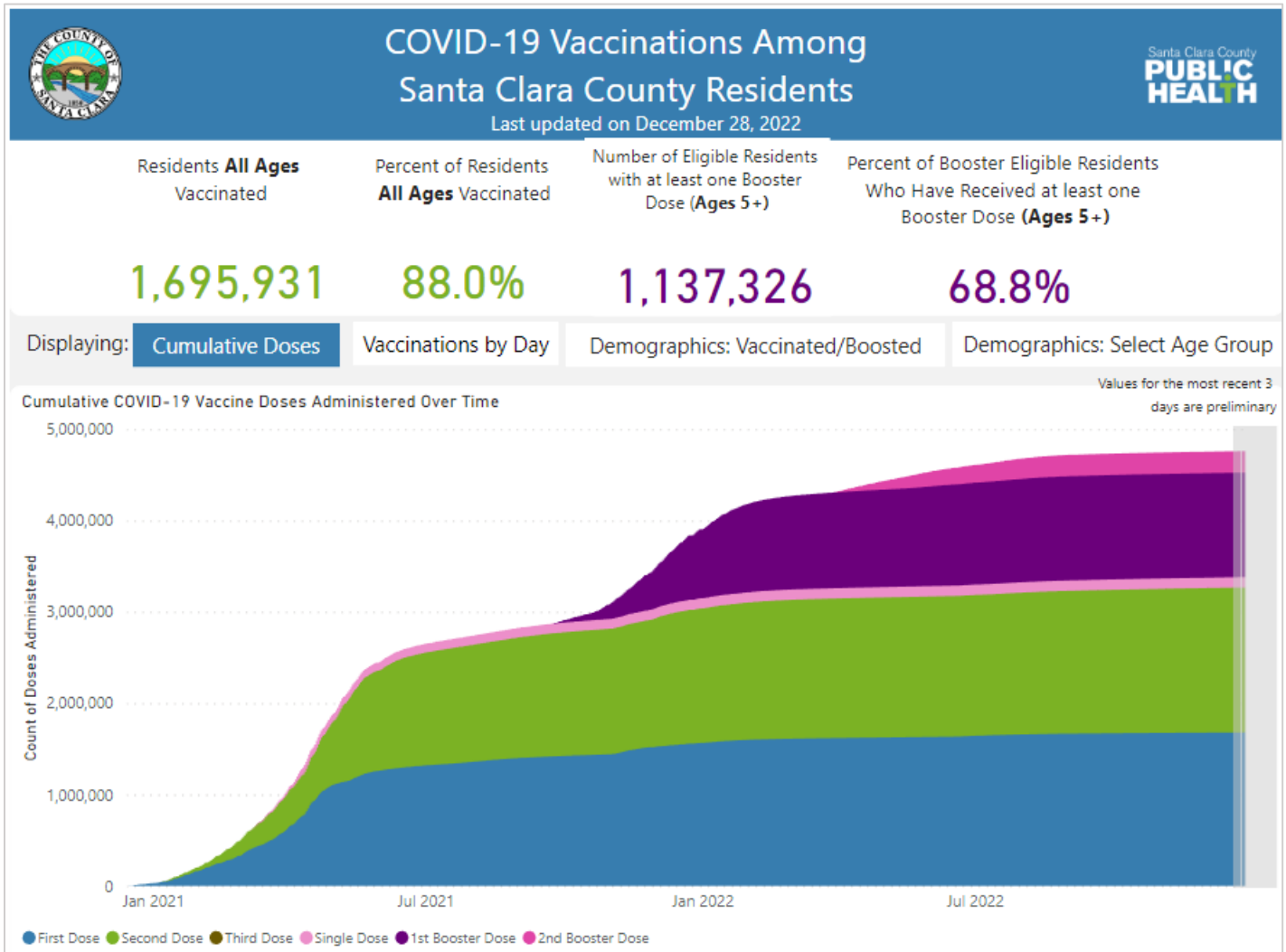


Figure 57: COVID-19 Vaccinations Among Santa Clara County Residents - Cumulative Doses. Accessed from: <https://covid19.sccgov.org/dashboard-vaccinations>

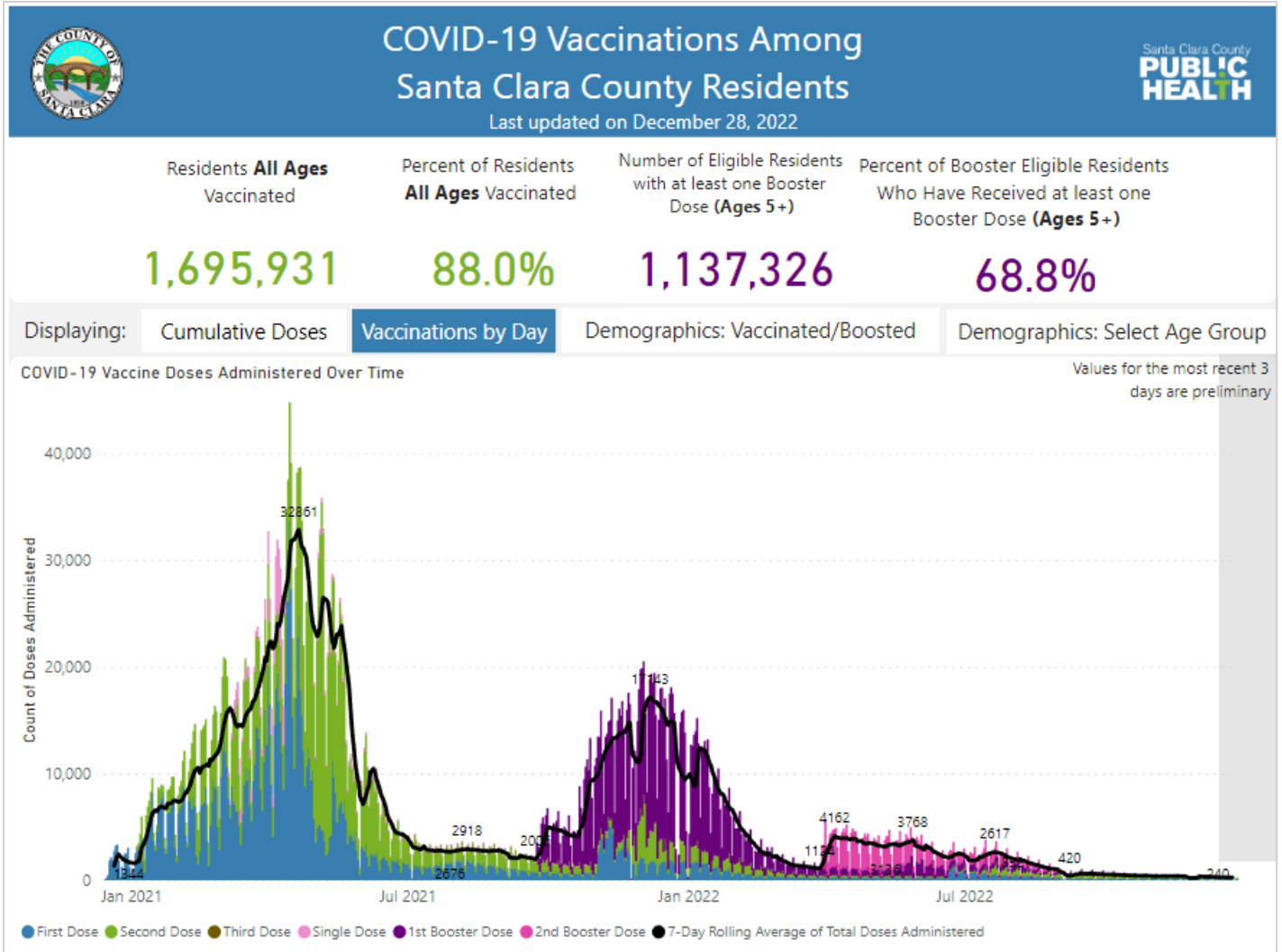


Figure 58: COVID-19 Vaccinations Among Santa Clara County Residents - Vaccinations by Day. Accessed from: <https://covid19.sccgov.org/dashboard-vaccinations>

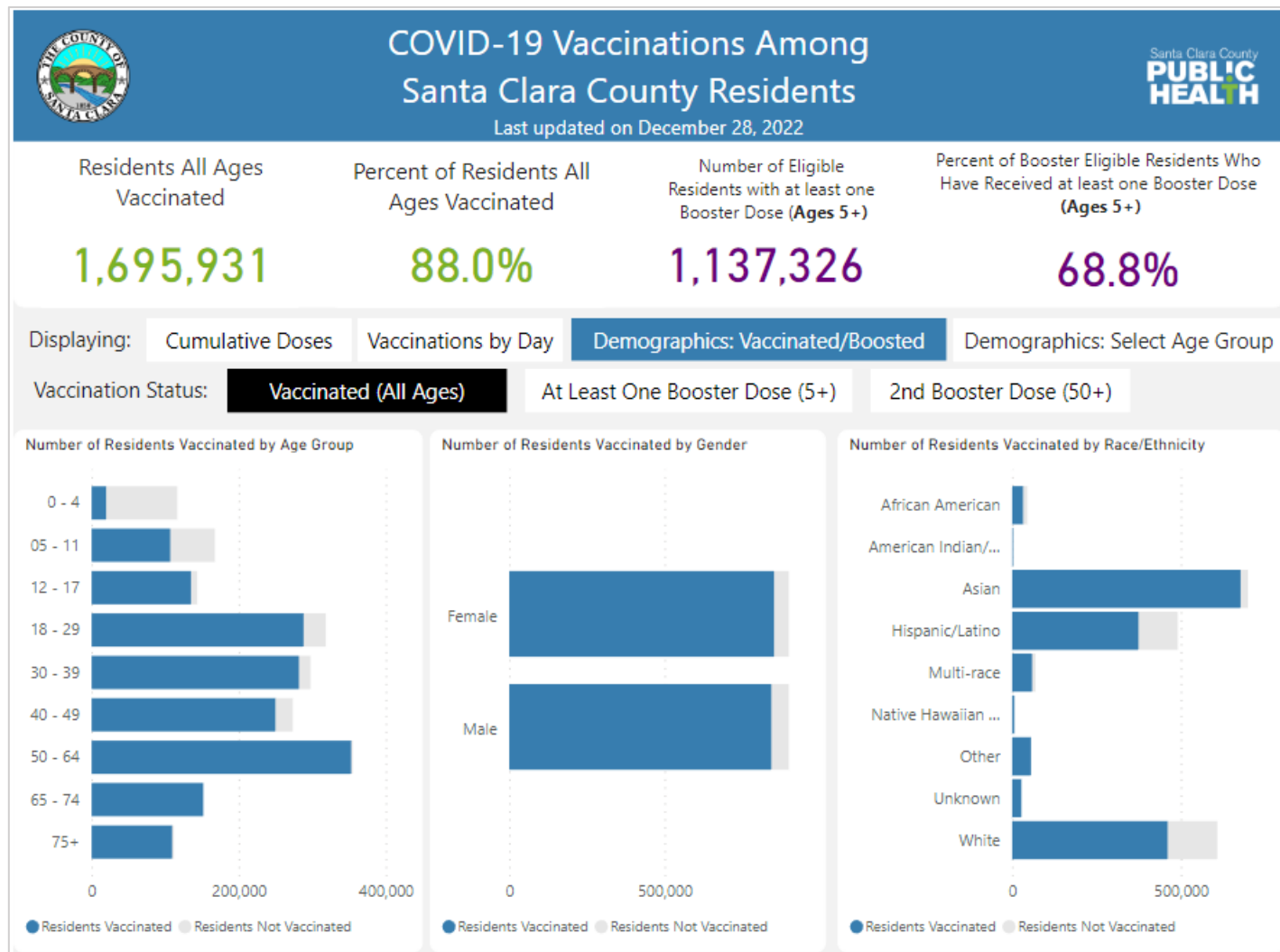


Figure 59: COVID-19 Vaccinations Among Santa Clara County Residents - Demographics: Vaccinated/Boosted (All Ages). Accessed from: <https://covid19.sccgov.org/dashboard-vaccinations>

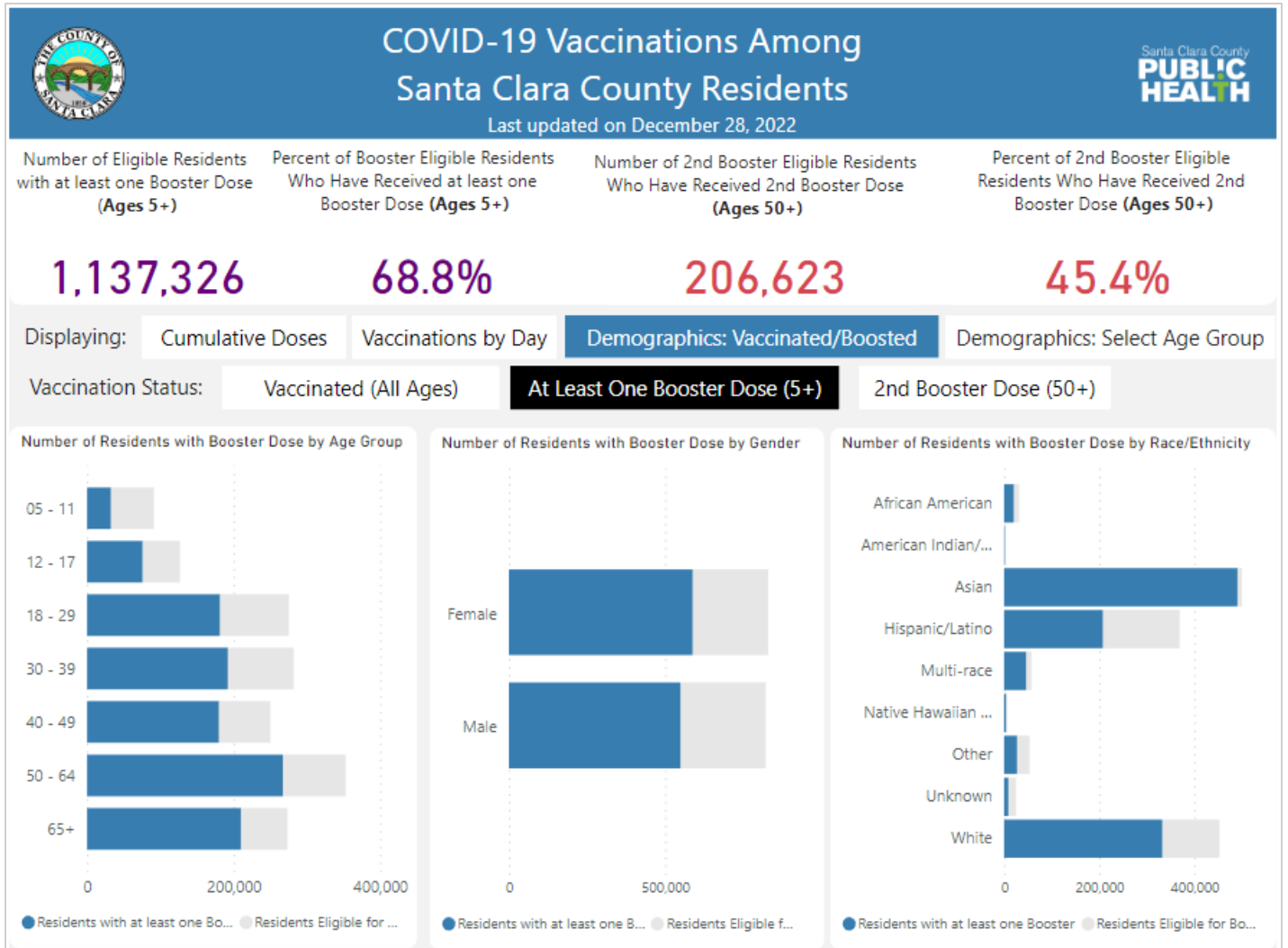


Figure 60: COVID-19 Vaccinations Among Santa Clara County Residents - Demographics: Vaccinated/Boosted (At Least One Booster Dose 5+). Accessed from: <https://covid19.sccgov.org/dashboard-vaccinations>

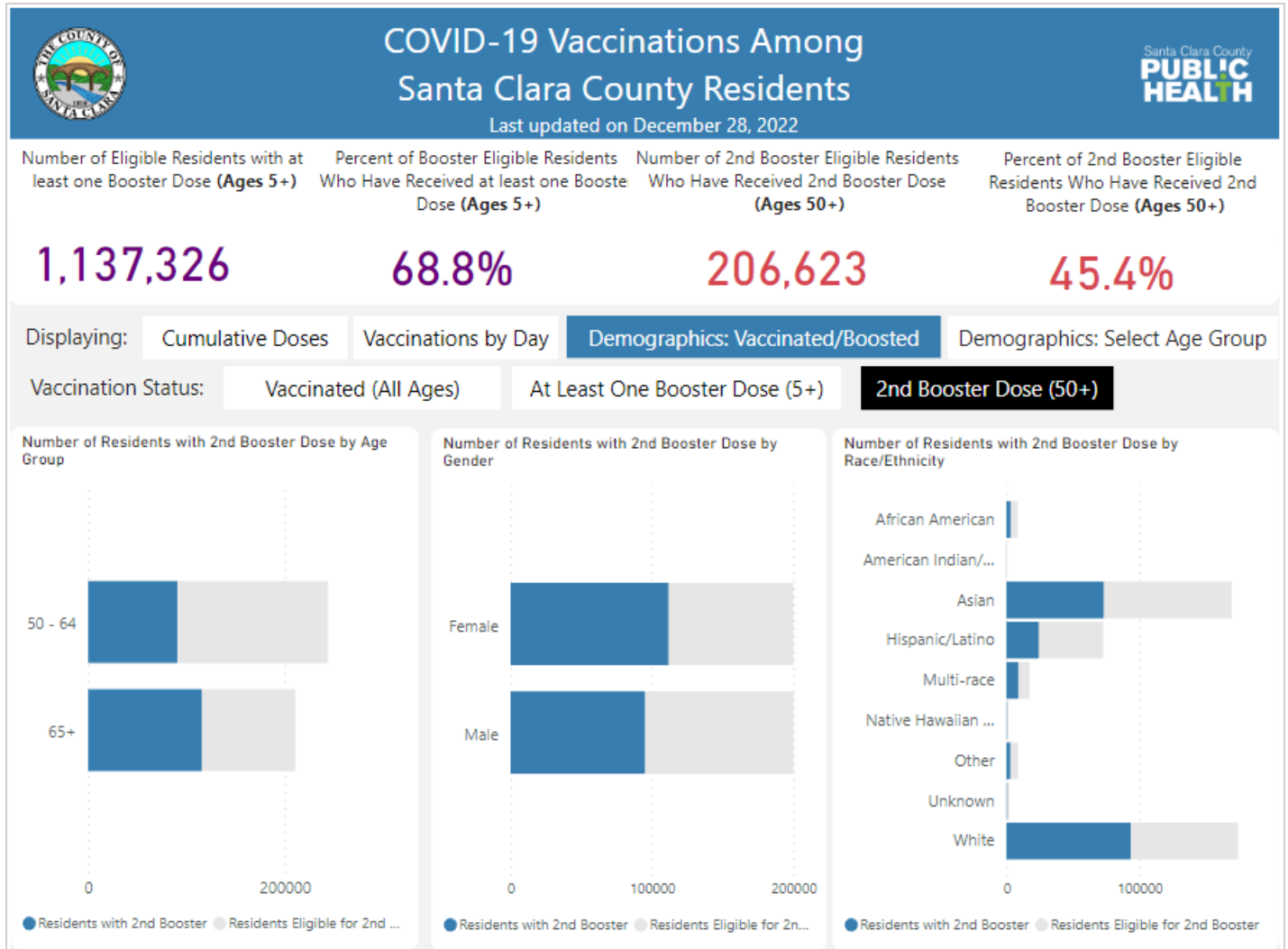


Figure 61: COVID-19 Vaccinations Among Santa Clara County Residents - Demographics: Vaccinated/Boosted (2nd Booster Dose 50+). Accessed from: <https://covid19.sccgov.org/dashboard-vaccinations>



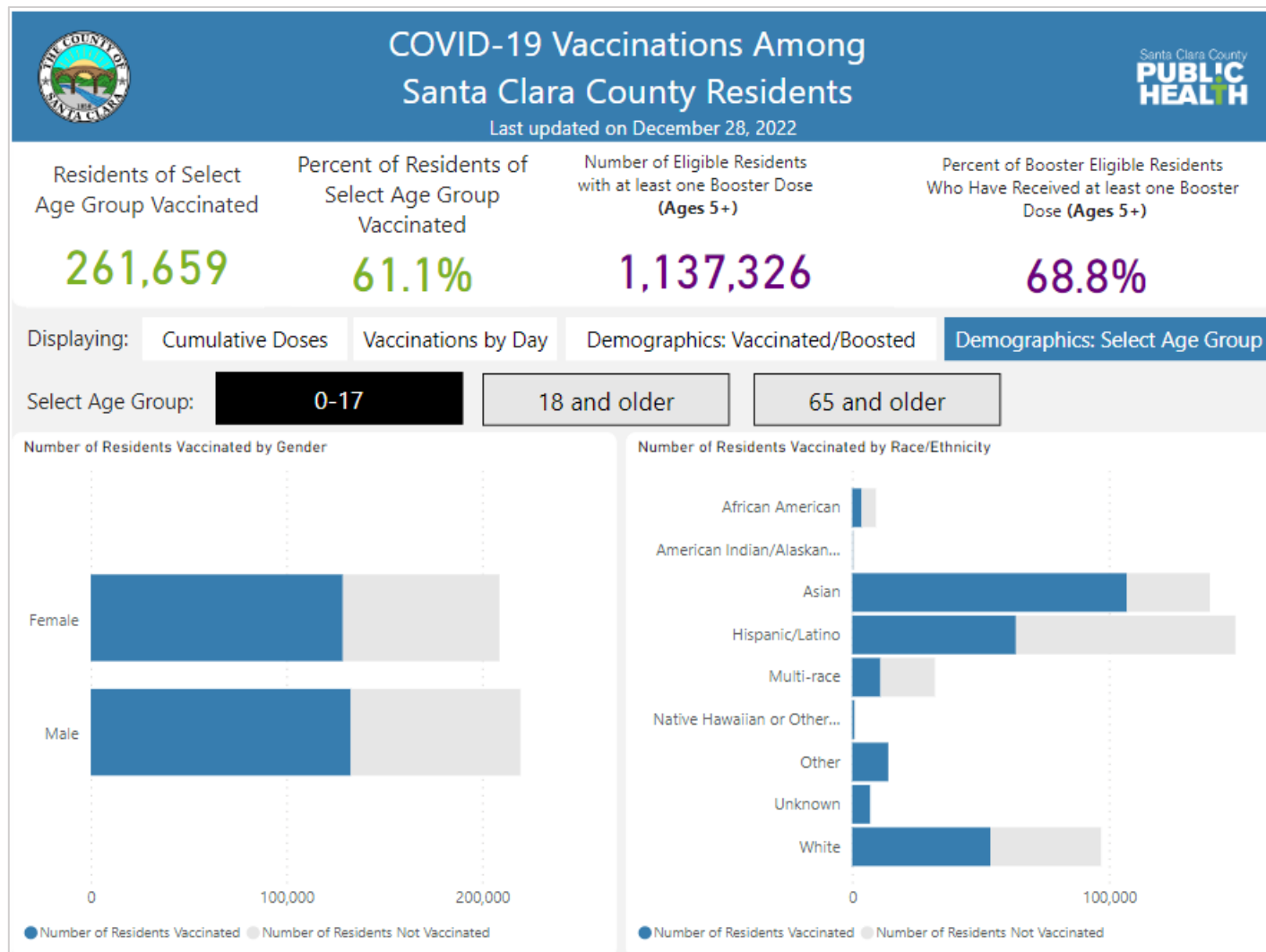


Figure 62: COVID-19 Vaccinations Among Santa Clara County Residents - Demographics: Age Group 0-17. Accessed from: <https://covid19.sccgov.org/dashboard-vaccinations>

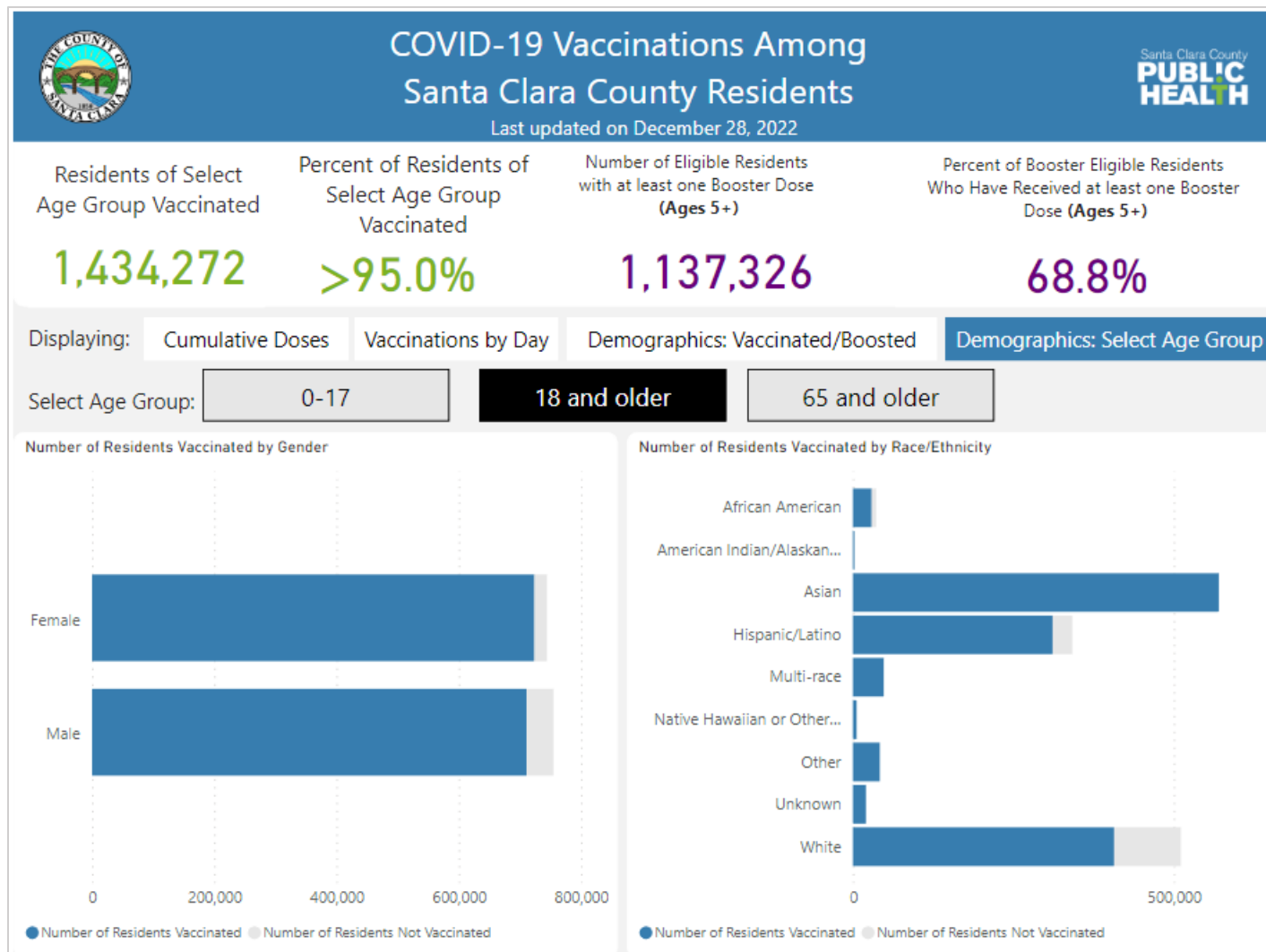


Figure 63: COVID-19 Vaccinations Among Santa Clara County Residents - Demographics: Age Group 18+.  
Accessed from: <https://covid19.sccgov.org/dashboard-vaccinations>

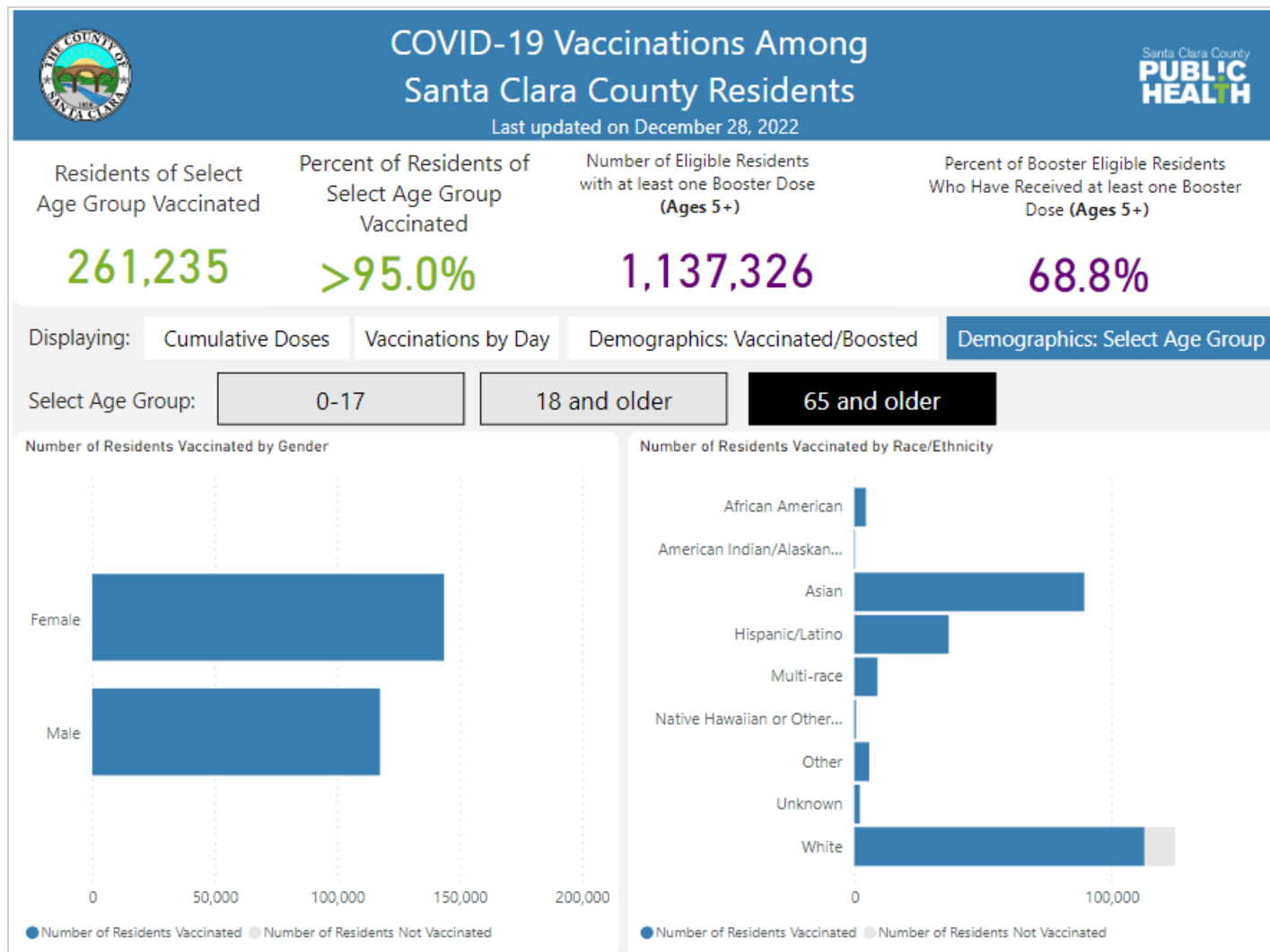


Figure 64: COVID-19 Vaccinations Among Santa Clara County Residents - Demographics: Age Group 65+.  
Accessed from: <https://covid19.sccgov.org/dashboard-vaccinations>

## AFTER ACTION REPORT PARTICIPATION THANKS

The City of San José appreciates the feedback and input representatives from the following agencies and organizations provided during the After-Action Report process. Their contribution was invaluable to identifying key findings and recommendations that will help improve the community's resilience.

Table 3: After Action Report Participants

Government Agencies
City of San José Office of Emergency Management
City of San José Office of Communications and Public Affairs
City of San José Public Works
Santa Clara County Office of Education
Santa Clara County Office of Emergency Management
Santa Clara County Office of Housing
Private and/or Community-Based Organizations
Asian Americans for Community Involvement
Bay Area Community Health
Catholic Charities Santa Clara County
Collaborating Agencies' Disaster Relief Efforts (CADRE)
HCI
Health Trust
Lantinas Contra
San José Conservation Corps
Santa Clara Family Health Plan
Silicon Valley Council of Nonprofits
Vietnamese American Roundtable
VTA

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2023 City of San José COVID-19 After Action Report After Action Meeting.



## CITY OF SAN JOSÉ COVID-19 DATA ANALYTICS TIMELINE

The following timeline provides details on the City's COVID-19 response from August 2020 through May 2022. Each milestone included focuses on data collected and analyzed during the response. Within the graphic, a decorative icon is used next to the milestones to correspond with response areas to which they are related. Those icons include:



to indicate community outreach



to indicate communications



to indicate COVID-19 planning efforts



to indicate COVID-19 vaccination program



to indicate technology accessibility



to indicate food distribution

# COVID-19 RESPONSE TIMELINE

KEY

 COMMUNITY OUTREACH

 COMMUNICATIONS


 COVID-19 PLANNING EFFORTS


 COVID-19 VACCINATION PROGRAM

 TECHNOLOGY ACCESSIBILITY

 FOOD DISTRIBUTION


## AUGUST 2020

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City of San José reaches 52.5 million meals distributed to those in need through Second Harvest, SNP Sites, Senior Meals on Wheels, School Sites, Targeted Homeless Placements, Great Plates, and Revolution Foods Meals Programs since March 2020.
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Development Services:

  - 526 Planning Applications submitted
  - 338 Planning Permits approved
  - 1,571 Housing units approved
  - 4.3 Million commercial SF approved

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Communication Efforts:

  - 2,411 Social media posts
  - 127 Flash reports
  - 275,000 Website visits
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Employee Child Care Program Metrics since Spring 2020:


  - 23 Employee Families served
  - 42 Children served
  - 94 Sessions of Care
  - 42 Employees supported

## SEPTEMBER 2020


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Increased Temporary Housing/Shelter:

  - 822 Motel/hotel rooms across 13 sites in 7 cities
  - 345 Temporary shelter beds (South Hall & Fairgrounds)
  - 40 Beds for families (Camden Community Center)

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AT&T Public Hotspot Distribution:

  - 8,281 San José Access Hotspot Devices distributed to schools
  - 2,700 Hotspots confirmed for distribution to the public
  - 4,757 Newly reported requests for internet and utility services
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Public Information Engagement:


  - 15.7 Million social media impressions
  - 708,000 Flash Reports opened
  - 435,000 Website visits
  - Translated materials provided in Spanish, Vietnamese, and Chinese (Traditional and Simplified)

## OCTOBER 2020

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San José reprioritizes its four priority areas (Council Policy, City Roadmap, EOC COVID-19 Response Roadmap, steady state City Services) and makes recommendations to City leadership on specific initiatives.

## NOVEMBER 2020

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Due to a resurgence of COVID-19 cases, County restrictions shifted to Tier 1: Highly Restrictive, limiting re-entry/reopening of City services, programs, and facilities.

## DECEMBER 2020

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• Launch of Supported Isolation Print Ads (translated in-language)

• Launch of Supported Isolation Digital Ads (translated in-language)

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225,000+ Meals served over the winter holidays

## JANUARY 2021

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Phone Bank Pilot:


  - 100 Seniors reached during outreach
  - Languages spoken included English, Spanish, and Vietnamese
  - 37% Did not receive COVID-19 vaccination information or resources
  - 59% Were not scheduled for a vaccination appointment

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Shelter & Hotel Housing Services:

  - 12,991 Hotline calls received (3,011 non-congregate shelter, 4,261 congregate shelter)
  - 7,272 Total people placed countywide
  - 1,696 People permanently housed since March 2020

## FEBRUARY 2021

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First Responder Vaccination Efforts:

  - 2,120 Expressed initial interest for vaccination at the First Responder Clinic; around 700 employees utilized the clinic

## MARCH 2021



Asian Americans for Community Involvement (AACI) Vaccination Events in February and March 2021 reach 1,000 vaccinated.



San José partners with Kaiser Permanente to stand up vaccination site at Vietnamese American Cultural Center.



Completed all City Police and Fire Department personnel who wanted vaccination (began vaccinating 2/25/2021).



- 5,500 Phone Bank calls completed
- 3,400 Individuals reached by Phone Bank calls



Local Business Recovery Team started training partners and City staff on the Relief and Rescue Tool Kit with COVID19 financial assistance programs.



San José completes equity-driven needs assessment of small businesses impacted by COVID-19; partnered with the Latino Business Foundation.

1st Round of Phone Bank Calls Completed:

- 3,600+ People 65+ years added to PRNS Active Net List
- PRNS Active List used to provide COVID-19 vaccine eligibility information to target populations and provide registration assistance.

## APRIL 2021

San José Fire Department supports Santa Clara County's In-Home Vaccination Program.



6 million meals provided to vulnerable San José residents in the month of April.



## MAY 2021

- 8,700+ Meals served at encampments
- 1,600 Unsheltered People received vaccine



Over 150 million meals served to date



79% City of San José Residents (12+) received at least one dose



23,000 Vaccines delivered with City partners



Local Emergency Rental Assistance Program:

- 950 Applications to date totaling \$7.2 million for back rent (~\$7,949 per household)
- Majority applications received from hardest hit communities, particularly East San José and Gilroy



The Vaccine Task Force successfully connected 20,000+ of San José's most vulnerable residents with vaccinations through targeted strategies.



## JULY 2021

8,750,000 Meals provided to vulnerable San José residents in August



## SEPTEMBER 2021

School hotspot partnership provided 3,820 hotspots to start the school year and expanded to 6,100 through Emergency Connectivity Fund.



## JUNE 2021



- 12,800 Student Hotspots used in 32 education agencies
- 3,000 Public and/or Partner Hotspots in circulation
- New Laptops (600) and Tablets (12) become available for circulation
- 70 Learners completed Family Learning Center Digital Literacy Classes (November-April cohorts)



Public Communication and Outreach:

- 19,875 Homes sent flyers or canvassed
- 11,600 Residents called
- 1.6 Million resident impressions for digital outreach

## AUGUST 2021



85% San José residents (12+ years old) received at least one dose of vaccine




1,200 New Library Hotspots ordered with expected arrival and circulation in early October





Assistance Provided from March 2020 to September 2021:

- Motel Rooms: 1,914 individuals
- In-home support: 5,188 households
- Financial assistance: 4,472 households
- 90% of people using assistance are from San José



OCTOBER 2021


 94% San José residents (12+ years old) received at least one dose of vaccine.


 30,000 Vaccination Flyers distributed to 41 schools in San José.



 24% Population aged 5-11 received one dose of vaccine

DECEMBER 2021



 7 Vaccination events hosted at community centers in impacted areas in December including in the Vietnamese American community.



 CDC expands booster recommendations to ages 16-17 if at least six months after their initial Pfizer vaccination series.



 6 Vaccination Events hosted at community centers in impacted areas including Children's Discovery Museum, Will Glen Community Center



 Developing in-language mail outreach in 4 languages for dissemination to priority census tracts/vulnerable populations.



FEBRUARY 2022


 Disseminating vaccine outreach materials (print, digital, radio) for younger age groups in impacted race/ethnicities (6 months+ and 5 - 17 years old).

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- 5 Employee Booster Shot Vaccination Clinics held at San José City Hall, San José Police Department, Central Service Yard
  - 6 Vaccination events held at community centers in impacted areas including Central YMC


 47+ Community Based Vaccination Events held at Public Libraries, Elementary Schools, City Hall, and Community Centers for those aged 5+ years old.


 70,000+ Coloring Sheets disseminated via mail and handout to elementary school aged children through Santa Clara County Office of Education (SCCOE).


 Targeted Messaging for school aged children and parents/guardians focused on mask messaging and protecting families from COVID-19 exposure shared through Spanish Radio and Univision.

151,000 Vaccination Postcards distributed to priority zip codes. 



NOVEMBER 2021


- 95% San José residents (12+ years old) received 1+ dose of vaccine
  - 89% completed vaccination series
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Drafting improvement plan for County vaccination sites. 


FDA amends Emergency Use Authorization for Pfizer vaccine for booster dose six months after primary series in 16-17 year olds. 

JANUARY 2022


Vaccination Event and Immunization Training for San José Fire Department Personnel completed. 



Validating and updating priority zip codes based on latest case, hospitalization, vaccination, and mortality rates. 

Developing mail outreach to prepare for vaccine eligibility for those aged 6 months and older. 

6 Vaccination events held at community centers in impacted areas including Central YMCA. 

MARCH 2022

City homepage transitions back to regular homepage with information on recovery in development. 

Public Information Mailers sent to 152,000 home addresses in 10+ priority Zip Codes. 

APRIL 2022



Google Advertisement targeting parents of those aged 12-17 years old with 500,000 impressions; Snap Chat outreach to restart this month.



40 A-frames used for return to school disseminated to community/youth centers and an additional 20 sent to preschools and public libraries.



10+ Vaccination events held at Public Libraries, Elementary Schools, and the African American Community Services Agency for children aged 5+ years old.



Survey conducted on vaccine confidence/hesitancy among African American population with review and contributions from local Black community and faith based organizations.



36+ Vaccination events held at Public Libraries, Elementary Schools and the African American Community Services Agency for children aged 5+ years old.



Media Toolkit for parents and businesses developed to include social media messaging and information on how to contact a medical professional.



MAY 2022

Designed and disseminated direct mailer outreach to home addresses with populations under 5 years of age to prepare for vaccine eligibility announcement.



Public messaging shifting focus to Booster Shot Campaign.

