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# **FEDERAL FUNDING TABLETOP EXERCISE REPORT**

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Prepared by the Office of Management and Budget and Emergency Operations Center  
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## FEDERAL FUNDING TABLETOP EXERCISE

### SUMMARY REPORT

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The FY 2026 Budget, adopted on September 18, 2025, includes \$153 million in grant programs funded by the Federal Government through various agencies. These funds are used to support community services to include youth and senior services, public health, homeless and housing services, public safety and emergency preparedness, and infrastructure.

In recent months, there has been uncertainties surrounding Federal Funding. Late last year, Congress was unable to reach an agreement on the ongoing budget negotiations, which led to a lapse in appropriations authority on September 30, 2025. From October 1 to November 12, 2025, the United States experienced the longest government shutdown in history.

Again, in January 2026, the United States had a three-day partial government shutdown, which ended on February 3, 2026 when President Trump signed an appropriations package passed by the House, ending a three-day partial government shutdown that, along with previously passed legislation, funds most of the federal government through September 30, 2026. Congress had already passed six of twelve appropriations bills; the remaining bills fund the Departments of Transportation, Housing and Urban Development, Defense, Labor, Health and Human Services, Education, and State, some of which include funding and programs important to the City of San Antonio. The package includes level funding for the Department of Education, slight increases to Housing and Urban Development, Health and Human Services and the Department of Labor, and a slight decrease to the Department of Defense and Transportation.

As a result of these uncertainties surrounding federal support, the City hosted a Federal Funding Tabletop Exercise with the City and over 30 other partner agencies. The tabletop was held on December 12, 2025 at the Emergency Operations Center. The exercise brought together healthcare systems, clinics, housing and homelessness agencies, school districts, food access organizations, utilities, nonprofit agencies, state partners, and multiple City and County departments. Together, participants explored the cascading effects of reduced federal support on vulnerable populations. Special thanks to the organizations that participated in this Tabletop for sharing their time, knowledge, and resources to begin to address these topics.

The following agencies participated in the exercise.

#### **Tabletop Exercise Participants:**

1. Ascension DePaul Services
2. AVANCE
3. Beat AIDS
4. Bexar County
5. Center for Health Care Services
6. Center for Health Empowerment in South Texas
7. CentroMed
8. Christus Santa Rosa
9. Close to Home
10. Communicare
11. Communities in Schools
12. CPS Energy
13. Edgewood Independent School District

14. Education Service Center, Region 20
15. Family Service Association of San Antonio, Inc.
16. Haven for Hope
17. Housing Authority of Bexar County
18. Methodist Healthcare Ministries
19. Opportunity Home San Antonio
20. Parent/Child Incorporated
21. Planned Parenthood of South Texas
22. SAMMinistries
23. San Antonio AIDS Foundation
24. San Antonio Food Bank
25. San Antonio Housing Trust
26. San Antonio Independent School District
27. South San Antonio Independent School District
28. Southwest Texas Regional Advisory Council
29. Texas Department of State Health Services, Public Health Region 8
30. The Nonprofit Council
31. University Health
32. University of Texas at San Antonio
33. UTSA – Be Well Clinic
34. Workforce Solutions Alamo

The goals of the Tabletop Exercise were as followed:

1. Determine Citywide operations and fiscal impact of changes to the federal funding
2. Assess the impact to vulnerable community members who receive assistance through CHIP, Medicaid, SNAP, Affordable Care Act, and Medicare, as well as other programs funded through federal grants.
3. Begin to determine the cost of maintaining service levels across the community if funding was reduced.
4. Develop coordinated community messaging for residents to explain the situation and actions being taken.

During the Tabletop, participants considered two different scenarios. The first scenario focused on reductions to City of San Antonio Federal Funds that support services and programs for public health, homeless and housing services, youth and seniors. The second scenario focused on the impact to the community of the eligibility changes to Medicaid/CHIP, Affordable Care Act, Medicare, and SNAP programs. Additionally, the second scenario also contemplated loss of funding for certain community wide homeless and housing services, health, and youth services.

### **KEY FINDINGS SUMMARY**

1. Funding reductions would create significant disruptions to health, housing, food access, and education systems.
2. Existing service networks already operate at high capacity and it would be challenging to initially absorb large-scale increases in need.

3. Strong support exists for improved cross-sector coordination, shared data tools, and unified resource and referral systems.
4. Proactive, partnership across the sectors through regular meetings to include corporate partners is needed.
5. Partners emphasized the importance of consistent and unified public messaging to reduce confusion and fear among community members.

### **OVERALL THEMES DISCUSSED AS PART OF SCENARIO**

- Participants quickly identified the operational and community impacts of funding reductions and cross dependencies. For example:
  - Reduction in funding for preventative care for sexually transmitted infections (STIs) could lead to a long-term increase of STIs and HIV.
  - Funding reductions to mental health services, could limit parents/caregivers access to treatment for physical and mental health which may lead to critical incident reports at the schools to include neglect, danger, food insecurity, lack of care.
  - All organizations are linked and will be impacted because all have strategic goals that are aligned and at times have the same clients.
- Many organizations have experienced operating under resource constraints and could articulate cascading effects in detail. For example:
  - If food assistance programs such as WIC was reduced, the Food Bank would have to triage and ration food, potentially moving individuals to carbohydrates and starches which has downstream health impacts.
  - If clinical services are reduced, the bed capacity is available at hospitals but staffing capacity would be the issue. Hospitals could bring in staff to cover for a time, but not for an extended period.
- There is no unified funding dependency map across the City, County, and community partners. For example:
  - Common data sources and shared population metrics are limited.
  - The region lacks a unified community resource and referral system that connects schools, clinics, City departments, nonprofits, and neighborhood organizations.
- Strong willingness among partners to collaborate and share information.
  - Information systems across agencies are not integrated, limiting shared understanding of needs and outcomes.
- Exercise reinforced the value of partnerships by convening groups in a shared setting.
- There is no standing interagency working group dedicated to planning for or responding to funding-related disruptions.
- City and County funding structures can create duplication or gaps.

- Nonprofit organizations expressed a desire for more technical assistance regarding federal rules and grant management.
- Participants recognized the importance of clear, accessible messaging tailored to diverse communities.
- Partners expressed concern about misinformation and stigma around public assistance programs.

### **RECOMMENDED NEXT STEPS**

1. Formalize cross-sector Federal Funding Impact Working Group to include business community and for-profit organizations.
  - a. Work with group to develop relevant discussion topics for meetings.
  - b. Continue to further develop federal funding dependency and impact of loss of funding on community.
  - c. Discuss ways to share data and information systems across sectors if possible.
  - d. Develop comprehensive communication plan.
  - e. Explore philanthropic and private sector partnerships to support critical services.
  - f. Develop training and technical assistance for non-profits on federal rule changes and grant requirements.
  - g. Potentially develop subgroups, Health, Housing and Homeless, and Youth to address these issues in smaller working groups.

### **SUMMARY OF TABLETOP SCENARIOS**

***Note: The following summary analysis is based on hypothetical situations and reflect recommended changes to services based on those situations. There are currently no funding changes in federal grants. However, if the city or partner organization were notified that a certain grant would be reduced, recommendations may be revised based on additional data, requirements of the grant, or other information that would inform the recommendation to City Council or the Agency. Additionally, if the city was notified of a reduction in grant funding, further analysis would be completed, and City Council would be briefed in a separate correspondence.***

#### **Impact of Scenario 1: City of San Antonio's Federal Funds reduced by 50%**

The focus of this scenario was on a reduction in City Funding and the impact of the reduction to the community.

**Prompt:** The Federal Government has notified the City of San Antonio that on October 1, 2026, the City's allocation of \$85.7 million in federal grants that support critical services and programs such as public health, homeless and housing services, youth and seniors, will be reduced by 50%. There were four injects the groups discussed as part of Scenario 1.

- A. Inject 1 Health:** The Federal Government has notified the City of San Antonio that federal funding used for community health initiatives is going to be reduced by 50%. The City of San Antonio's Health Department is projected to receive \$30.5 million in Federal Grants in FY 2026. This

reduction in funding will directly impact program areas and 72% of Federal Grants: Medicaid 1115 Waiver, Immunization, Sexual Disease prevention, and Nutrition programs as follows:

1. Women Infant and Children (WIC) Program and Healthy Start Initiative: \$8,819,675
2. Immunization and Vaccines for Children Program: \$2,565,321
3. Ending the HIV Epidemic & Stigma, STI/HIV Prevention Services, and TB Prevention Special Projects: \$2,572,087
4. Medicaid 1115 Waiver: \$8,005,521

**Women, Infants & Children (WIC) Program:** Metro Health’s WIC program is the non-emergency Special Supplemental Nutrition Program for Women, Infants, and Children. It is available to pregnant, postpartum, and breastfeeding women, infants and children younger than 5 years old. Metro Health has 10 WIC clinics that serve 7,615 infants, 18,233 children ages 1 to 5, 2,691 pregnant mothers, 5,011 breastfeeding mothers, and 1,133 post-partum mothers.

Based on this inject, the grant would be reduced from \$8 million to \$4 million. If funds were reduced, Metro Health assumes that the U.S. Department of Agriculture would prioritize services for infants and pregnant women first, meaning older children, and postpartum and breastfeeding women would lose eligibility or be placed on waitlists.

Participants	Number of Participants Served	Reduction in services due to change in grant
Infants	7,615	7,615
Children ages 1 to 5	18,233	0
Pregnant mothers	2,691	2,691
Breastfeeding mothers	5,011	0
Post-partum mothers	1,133	0
<b>Total</b>	<b>34,683</b>	<b>10,306</b>

**Impact of Reduction:** Participants who remain in the program would continue to receive WIC services, however, children ages 1 to 5, post-partum mothers and breastfeeding mothers, would lose access to program benefits. Children ages 1 to 5 would likely experience increased food insecurity during a critical period of growth, when nutrient needs are high leading to a greater risk of iron-deficiency anemia, poor growth, and other micronutrient deficiencies. Post-partum mothers and breastfeeding mothers would face reduced nutritional support during recovery from childbirth, increasing risks of fatigue, delayed physical recovery, and higher rates of postpartum depression and anxiety. Participants who remain in the program would likely receive fewer supplemental foods (e.g., formula, produce, and whole grains) and face limits on variety, including reduced access to higher-cost items such as specialty formulas. These changes would increase food insecurity experienced by vulnerable families.

Based on this inject, the program would see a decrease in the program’s staffing capacity from 79 to 55 grant employees and place additional pressure on other San Antonio social service providers—such as the San Antonio Food Bank, local food pantries, Medicaid, emergency assistance programs, and pediatric medical practices which would experience increased demand, particularly for child-friendly foods, and medical support.

**Healthy Start Initiative:** Metro Health’s Healthy Start program provides virtual and home visitation services in 12 zip codes across San Antonio to pregnant women, infants up to 18 months of age, postpartum women, and fathers. The table below reflects the current number of program participants by zip code. The program offers, case management, outreach, health education, depression screening and referral, doula services for high-risk moms, lactation support, fatherhood initiative, and safe sleep education. Metro Health’s Healthy Start program currently provides services to 210 infants, 273 pregnant women, 95 post-partum women, and 22 fathers.

Zip Code	Infants	Pregnant Women	Postpartum Women	Fathers
78201	15	25	9	1
78207	46	50	22	3
78210	13	25	3	2
78213	11	20	4	1
78219	11	15	3	0
78220	9	20	4	1
78223	26	30	15	4
78227	25	25	13	2
78238	7	10	1	0
78239	4	5	1	0
78260	1	3	0	0
Other zips	12	10	1	5
Homeless/Shelter	30	35	19	3
<b>Totals</b>	<b>210</b>	<b>273</b>	<b>95</b>	<b>22</b>

Based on the inject, the grant would be reduced from \$834,195 to \$417,597. If funds were reduced, services to infants and pregnant women would be prioritized.

The following table indicates the revised number of participants based on the inject.

Zip Code	Infants	Pregnant Women	Postpartum Women	Fathers
78201	8	13	8	0
78207	18	24	18	0
78210	5	13	5	0
78213	5	10	5	0
78219	6	7	6	0
78220	5	10	5	0
78223	13	15	13	0
78227	12	12	12	0
78238	3	5	3	0
78239	2	2	2	0
78260	0	0	0	0
Homeless/Shelter	10	15	10	0
<b>Totals</b>	<b>87</b>	<b>126</b>	<b>87</b>	<b>0</b>

**Impact of Reduction:** Under this inject, the Healthy Start program would experience a reduction in grant-funded staff from nine to four grant employees. Although services would continue for infants and pregnant mothers, the number and level of services would be reduced to case management services only. The number of postpartum mothers would also decline due to reduced staffing capacity and overall program funding. Case management, depression screenings and referral services would decrease from 600 to 300 individuals. The number of contacts in outreach and education would decrease from 6,000 to 3,000 individuals. Specialized services such as doula support for high-risk mothers and lactation counseling would be reduced from 30 to approximately 15 participants. The program would no longer continue a fatherhood initiative.

**Immunization and Vaccine for Children Program:** Metro Health’s Immunization program is responsible for providing vaccines and other immunization services to infants, children, adolescents, and adults of Bexar County in accordance with the recommendations of the National Advisory Committee on Immunization Practices (ACIP) administered by the Centers for Disease Control (CDC).

There are 137 Vaccine For Children (VFC) providers in Bexar County. Through this grant, Metro Health provides technical support to VFC providers and coordinates the administration of just over 500,000 vaccines annually. As a result of this program, less than 5% of vaccines are lost due to diligent monitoring and auditing of participating providers.

Based on this inject, the grant would be reduced from \$2.6 million to \$1.3 million. The following table illustrates the services funded through the grant and the recommended adjustments to services due to the reduced grant amount.

Program	Program Description	Output	Revised Output
Provider Network	Number of vaccines administered by VFC Providers	502,913 vaccines administered	502,913 vaccines administered
Technical assistance and support	Conduct audits and monitor VFC provider vaccine usage.	137 provider visits	69 provider visits
Community vaccination events	Provides pop-up vaccination services in targeted neighborhoods	30 events	10 events

**Impact of Reduction:** Based on this inject, Metro Health would recommend that available funding be focused on recruitment and support of the VFC provider network in Bexar County, which administer the majority of over 500,000 vaccines administered annually in the county. Currently, Metro Health provides an annual audit to each of the 137 VFC providers, monitors vaccine supply at each provider’s practice monthly, and conducts 40 Immunization Quality Improvement for Provider (IQIP) visits chosen at random annually. Clinical services and community vaccination events offered by Metro Health would be reduced as well. The clinic and vaccination events, serve children (18 years of age and younger) who are: uninsured, underinsured, enrolled in CHIP or Medicaid, and/or American or Alaskan Natives. With a 50% reduction a total of 13 positions would be eliminated, reducing outreach and pop-up clinics, vaccine preventable condition surveillance and investigation capacity, and immunization record support services. Immunization clinical services would be provided at the clinic while pop-up clinic events would be reduced from 30 to 10 and heavily rely on support from community partners.

**Ending the HIV Epidemic (EHE):** This provides funding to implement a comprehensive HIV program, to reduce the HIV infections by 75% in five years. With this grant, Metro Health deploys staff to follow up with all individuals newly diagnosed with HIV, links individuals to HIV care through partners, offers confidential notification and testing to exposed partners, and provides linkages to preventative medicine for HIV. This funding also financially supports community-based organizations that support Metro Health’s work to include testing, linkage to care, community awareness campaigns, and sex education in schools.

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Under this inject, the grant would be reduced from \$900,000 to \$450,000. The following table illustrates the programs funded through the grant and the recommended adjustments to services due to the reduced grant amount.

Program	Program Description	Output	Revised Output
Case Management	Direct support services to individuals diagnosed with HIV and exposed contacts	845 individuals	423 individuals
Community Based Support	Fund community organizations to provide targeted HIV testing, education, and prevention	5 contracted organizations each receiving \$45,064 per Fiscal Year	4 contracted organizations each receiving \$28,164 per Fiscal Year

**Impact of Reduction:** With an assumed 50% funding reduction, Metro Health would prioritize case management services, so that individuals would continue to receive follow up visits, confidential notification and testing to exposed partners, and links to preventative medicine for HIV. The number of case management services would be reduced from 845 to 423 individuals. The CDC requires that EHE grant recipients allocate 25% of the total award towards funding local organizations to provide supportive services. The number of contracted agencies would decrease from five to four with a reduced budget for each organization.

**Sexually Transmitted Infections (STI)/HIV Prevention Services Grant:** Metro Health’s STI/HIV prevention services provide surveillance and follow-up activities on sexually transmitted infections which include syphilis, gonorrhea, and chlamydia. Public health follow-up uses contact tracing techniques to investigate new infections and interrupt transmission in the community by offering testing and preventative treatment to potentially exposed individuals. Investigations entail ensuring individuals are aware of their diagnosis, are adequately treated for their infection, and offered testing and preventative treatment when appropriate to their exposed partners in a confidential manner. These contact tracing activities are only effective when completed promptly and thoroughly.

Based on this inject, the grant would be reduced from \$1.4 million to \$700,000. With a reduction in funding, Metro Health would prioritize services to individuals with congenital and early syphilis investigations.

Type of Investigation	Number of Participants Served	Number of Participants Served after Reductions
Congenital Syphilis	184	184
Primary and Secondary Syphilis	421	421
Early Latent Syphilis	1,485	1,485
Latent Syphilis of Unknown Duration	4,057	0
Chlamydia	10,161	0
Gonorrhea	3,886	0
<b>Total</b>	<b>20,194</b>	<b>2,090</b>

**Impact of Reduction:** Metro Health would no longer be able to conduct investigations for Latent Syphilis of Unknown Duration (4,057 individuals), Chlamydia (10,161 individuals), and Gonorrhea (3,886 individuals). Syphilis would be prioritized because it is a condition that can cause stillbirth and severely impact babies born with congenital syphilis. Syphilis investigations and follow up can take three times longer due to complex testing algorithms (sometimes requiring multiple blood draws), the need to compare current and prior lab results for accurate diagnosis, the length of time it takes to complete adequate treatment, the difficulty in contacting and finding affected individuals, and the contagious nature of the disease, therefore the focus would be on Syphilis cases.

**Tuberculosis Prevention (TB) Program:** TB prevention activities include outreach, investigation, treatment and community surveillance. Outreach activities include administration of anti-tuberculosis medications by direct observation (DOT) and contact investigation of those persons potentially exposed to infectious TB. Contact investigation includes interviewing people suspected of TB disease, and actively locating and informing those who may have been exposed to TB. Contacts are encouraged to seek evaluation at Metro Health's clinic and take preventative therapy. Preventive medication and medical care associated with TB exposure and prevention is provided at the TB Clinic. Surveillance is the active monitoring, tracing and ongoing epidemiological reviews of cases and exposures. Surveillance activities are routinely conducted at homeless shelters, substance abuse treatment facilities, community organizations, and other settings where TB treatment may be deemed likely.

Based on this inject, the grant would be reduced from \$242,879 million to \$126,439. The General Fund would be reprioritized to continue TB services at the current levels and reduce low impact services to include administrative and operational support services across the department.

**Medicaid 1115 Waiver:** The Medicaid 1115 Waiver supports services to include STI-HIV Prevention, Diabetes Prevention, Healthy Neighborhoods, Oral Health, Domestic Violence Prevention, Stand Up SA, Informatics, Center for Policy & Health Improvement, Trauma Informed Care, and Administrative & Operational support services. This grant is scheduled to end on September 30, 2026. As part of the FY 2027 Budget, a separate presentation will be made to City Council to discuss the impacts of the reduction in funding.

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The following table outlines the services provided through the Medicaid Waiver and the number of residents served.

<b>Programs</b>	<b>Description/Services Provided</b>	<b>Federal Grant Budget</b>	<b># of Residents Served</b>
STI Prevention	The STI/HIV program provides clinic and mobile services for testing, treatment, education, and prevention—including PrEP, outreach, and prenatal syphilis screening—to reduce infection and support community health.	\$1,402,379	15,191
Diabetes Prevention	Through in-person and virtual workshops, the Diabetes Prevention and Control Program equips adults with diabetes and their families (including youth) with skills to safely prevent and manage the disease.	\$1,882,226	500
Healthy Neighborhoods	Healthy Neighborhoods empowers families and residents, with support from community health workers, to revitalize their communities through co-created health projects focused on improving the built environment, healthy food access, increased physical activity, and connecting people to health and social service resources.		17,000
Oral Health	The Oral Health program provides preventive dental services, case management, and Title V assistance to San Antonio children from infancy through adolescence.	\$1,433,868	17,300
Teen Pregnancy	This program worked with community stakeholders to prevent teen pregnancy and STI/HIV.	\$269,141	102

Medicaid Waiver Cont.

Programs	Description/Services Provided	Federal Grant Budget	# of Residents Served
Domestic Violence Prevention	The Domestic Violence Program includes immediate response through victim advocates at SAPD substations, long term support through case management, and community education and policy change. Triple P supports parents and caregivers through direct education and community outreach. The Violence Prevention administrative team is responsible for administrative and business operations for the Violence Prevention Section, including staff onboarding, purchasing, inventory management, facility monitoring, and coordinating policy-related activities.	\$1,163,181	2,300
Stand Up	Stand Up SA reduces community violence by guiding high-risk youth and young adults toward conflict resolution, education, jobs, and counseling through the Cure Violence model.		1,160
Epi & Informatics	The Epi Analytics & Informatics Office (EAIO) 1) ensures access to timely, granular, and actionable data, 2) builds data infrastructure, 3) facilitates data-informed and evidence-based decision making, 4) advances data modernization, and 5) streamlines data collection, analysis, and reporting across the department. Overall, EAIO is charged with supporting Metro Health programs with scientific expertise and ensuring sound public health decision-making.	\$61,866	NA

Medicaid Waiver Cont.

Programs	Description/Services Provided	Federal Grant Budget	# of Residents Served
Mental Health & Resilience	The Trauma Informed Care Team leads the South Texas Trauma Informed Care Consortium (STTICC) and Center of Excellence, advancing trauma-informed certification, training, and resources to build resilient communities and City departments.	\$128,617	NA
Center for Policy & Health Improvement	The Center for Policy & Health Improvement coordinates implementation of the PHAB-required Community Health Improvement Plan and process for Bexar County. Strategy areas are mental health and behavioral wellbeing, food security, housing stability and prenatal care.	\$102,905	NA
Administration	This includes Workforce Development, Contracts & Compliance, Fiscal, Marketing & Communications, and Performance Improvement.	\$1,561,338	NA
<b>Total:</b>		<b>\$8,005,521</b>	

**B. Inject 2 Human Services:** The Federal Government has notified the City that federal funding used for Human Services initiatives are going to be reduced by 50%. The City of San Antonio Human Services Department (DHS) is projected to receive \$43.6 Million in Federal Grants in FY 2026. This reduction in funding will directly impact program areas and 94% of Federal Grants: such as Early Care and Education, and Adult Services.

1. Child Care Quality Initiative and Early/Head Start Programs: \$38,938,359
2. Healthy Eating Aging Living Program: \$2,088,000

**Childcare Quality Initiative Grant:** The Child Care Quality Initiative grant provides services throughout the 13-county Workforce Solutions Alamo service area including Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson counties with the overall goal of increasing the number of Texas Rising Star (TRS) providers in the Region. The department mentors Texas Rising Star (TRS) providers and providers working towards TRS, conducts TRS assessments, reassessments, technical assistance, renewals, and monitoring visits, ensuring proper implementation of child with disabilities assessments for inclusion rates. It also supports programs and special projects structured to increase the number of TRS providers and increase star level for existing TRS providers.

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Based on this inject, the grant would be reduced from \$4 million to \$2 million. The following table shows the location of the childcare centers served.

Current Texas Rising Stars and Entry Level							
County	Child Care Center	Children enrolled	TRS Certified	Entry Level	2 Star	3 Star	4 Star
Atascosa	12	303	11	1	1	6	4
Bandera	2	25	2	0	0	2	0
Bexar	440	10,493	374	66	30	111	233
Comal	27	412	19	8	1	7	11
Frio	6	103	6	0	0	2	4
Gillespie	5	70	4	1	1	2	1
Guadalupe	40	598	31	9	9	11	11
Karnes	3	40	1	2	1	0	0
Kendall	8	86	6	2	1	1	4
Kerr	7	170	6	1	0	4	2
Medina	7	234	6	1	1	3	2
Wilson	12	131	9	3	2	4	3
<b>Total</b>	<b>569</b>	<b>12,665</b>	<b>475</b>	<b>94</b>	<b>47</b>	<b>153</b>	<b>275</b>

Note: In addition to the 569 there are 21 suspended centers, for a total of 590 centers. Of the suspended centers, 15 are in Bexar County, serving 476 children.

**Impact of Reduction:** This would reduce the number of childcare centers served from 590 (569 TRS certified plus 21 suspended -as of January 2026) to approximately 300. Of the 590 centers served, 455 are in Bexar County and 135 are in the service area outside Bexar County. If this grant was reduced, the department recommendation would be to support the centers located in “childcare deserts” (see <https://childrenatrisk.org/childcaresdesertmap/>) focusing on south, southwest, and southeast Bexar County and Entry-level and 2-Star centers outside of Bexar County. DHS staff will continue to coordinate with Early Matters, Pre-K For SA, and United Way of San Antonio Bexar County to ensure centers located in Bexar County that are no longer receiving services from the grant will be prioritized to receive support from their improvement efforts.

Childcare Centers supported with reduction in Grant in Bexar County				
Council District	Number of Child Care Center	Children Served	Revised Childcare Centers	Revised Children Served
0	102	2,315	102	2,315
1	42	704	42	704
2	42	1,054	42	1,054
3	33	1,057	33	1,057
4	28	886	28	886
5	32	787	32	787
6	34	832		
7	41	1,227		
8	31	899		
9	18	330		
10	37	878		
<b>Total</b>	<b>440</b>	<b>10,969</b>	<b>279</b>	<b>6,803</b>

**Early Head Start-Child Care Partnership Grant:** This grant serves children who receive childcare services within San Antonio Independent School District and Edgewood Independent School District attendance areas. Early Head Start-Child Care Partnership grant provides comprehensive services to mostly low-income children (ages 6 weeks to 3 years) and their families to include education, health, nutrition, social services, and parent involvement. A minimum of 10% of the children served must have a disability and can be over-income.

Based on this inject, this grant would be reduced from \$3.4 million to \$1.7 million and number of children served would be reduced from 216 to 108. This grant supports programming in six non-profit childcare partner centers.

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The table below illustrates how much funding each partner receives, the number of children they serve and the impact of the inject on the partners.

Partner	Amount Funded by Grant	Children Enrolled	Revised Grant Amount	Revised Enrolled Children
Blessed Sacrament Academy	\$367,521	40	\$183,760	20
Ella Austin	441,025	48	220,512	24
Healy Murphy	588,033	64	294,016	32
Inman Christian Center	257,265	28	128,632	14
Seton Home	147,009	16	73,504	8
YWCA Olga Madrid	183,761	20	91,880	10
<b>Total</b>	<b>\$1,984,608</b>	<b>216</b>	<b>\$992,304</b>	<b>108</b>

Note: The remaining amount of the grant funds, is used by the City to support the program.

**Impact of Reduction:** If this funding is reduced, it would reduce the number of six weeks to three-year-old children that could be served by this program from 216 to 108. This would reduce the number of children that would have access to free all-day childcare in areas that face a shortage of options for this age group. Parent/guardians of children not able to receive childcare may not be able to work and/or go to school. If this funding were to be reduced, Human Services would discuss with Pre-K4SA the potential to expand services to this age group and work with nonprofit Early Matters which also provides funds to childcare centers in its EarlyREACH initiative.

The next table illustrates the number of children served by council district and the change in children served if the grant was reduced. Most of the children served by this grant are 100% or below the Federal poverty level. Some may be over-income, because they qualify based on the child’s disability status.

Council District	Estimated Children Served	Revised Children Served
1	23	11
2	58	29
3	52	26
4	10	5
5	50	25
6	5	3
7	14	7
8	0	0
9	0	0
10	4	2
<b>Total</b>	<b>216</b>	<b>108</b>

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**Head Start Prekindergarten:** The grant serves 3,114 children within EISD and SAISD attendance areas. The grant covers two distinct programs. Out of the 3,114, 144 are in the Early Head Start component of the grant that serves six weeks to two years old. The second component of the grant covers the Head Start Prekindergarten program in EISD and SAISD. This program has 2,970 three – to - five-year-olds. Both components of the grant provide comprehensive services to low-income children and their families.

Services include education, health, nutrition, social services, and parent involvement. A minimum of 10% of the children served have a disability and can be over-income.

Based on this inject, it would reduce this grant from \$31 million to \$15.7 million and reduce the number of children served from 3,114 to 1,557.

Partner	Funding Amount	Number of children Enrolled	Funding Amount	Reduction in Enrollment
SAISD	\$14,772,256	2,193	\$7,386,128	1,097
EISD	5,240,123	777	2,620,062	388
*EISD-EHS	1,684,543	120	842,272	60
*BSA - EHS	336,908	24	168,4544	12
<b>Total</b>	<b>\$22,033,830</b>	<b>3,114</b>	<b>\$12,533,006</b>	<b>1,557</b>

\*Three- to five-year-old students are not served in the EISD-EHS and BSA-EHS programs

Note: The remaining amount of the grant funds, \$9.4 million, is used by the City to support the program.

The next table illustrates the demographics of the children served. Most of the children served by this grant are 100% and below the Federal Poverty Level. Some children who have a disability may be from families who are above the 100% the Federal poverty level.

Council District	Estimated 6 weeks to 3-year-olds	Estimated 4-year-olds
1	153	187
2	263	321
3	155	190
4	41	50
5	536	655
6	75	91
7	96	118
8	18	22
9	6	7
10	12	14
No address provided	47	57
<b>Total</b>	<b>1,402</b>	<b>1,712</b>

**Impact of Reduction:** If the grant amount was reduced, Human Services would no longer provide slots for three-year-olds, but the grant would continue to provide funding for four-year-olds. The school districts would continue to be eligible for half-day funding from the state to provide services to three-year-olds. School districts could also find funds to continue providing full-day services to three-year-olds or move to offer half-day programs. Additionally, the City would work with external early childhood partners including Pre-K 4 SA, Early Matters, United Way of San Antonio, Bexar County and other philanthropic organizations to look at current investments across the early childhood education spectrum and make recommendations that would benefit a greater number of vulnerable children and families with redistribution of funds.

In addition to eliminating services to three-year-olds, since the program currently educates 1,712 four-year-olds, approximately 156 fewer four-year-olds will be admitted into the City’s Head Start program compared to current enrollment amounts if this inject is realized. The program uses an eligibility matrix to assign points to prioritize acceptance for children with the greatest need (e.g., unhoused, has a disability, receiving SNAP, etc.). Once the funded enrollment number has been reached for four-year-olds who applied to the program, the remaining students will be placed on a waitlist and will be accepted once a spot becomes available. Families will also receive contact information for other Head Start programs in Bexar County in case there is capacity to accept them into other programs.

Healthy Eating Aging Living Grant: The program provides older adults (60 years and older) with a nutritionally balanced weekday noon meal in a congregate setting. The senior centers provide an opportunity for seniors to socialize and participate in a variety of extracurricular activities such as health and wellness activities, computer and nutrition education, field trips, and volunteer opportunities.

Based on this inject, it would reduce the grant from \$2.1 million to \$1.04 million. This would reduce the number of residents and meals that could be served from 11,441 to 5,720. The table below illustrates the demographics of the residents served.

Council District	Residents Served	Low Income	Moderate Income	High income
1	742	46.2%	52.6%	1.1%
2	753	27.8%	71.2%	1.0%
3	1,004	52.2%	45.7%	2.1%
4	758	44.9%	53.8%	1.3%
5	696	63.0%	36.4%	0.6%
6	912	33.6%	64.4%	2.0%
7	933	36.3%	62.3%	1.4%
8	667	30.3%	66.0%	3.6%
9	1,306	12.6%	83.8%	3.6%
10	1,533	11.5%	87.6%	0.9%
Other	2,137	32.1%	66.4%	1.5%
<b>Total</b>	<b>11,441</b>			

**Impact of Reduction:** If this funding were reduced, Human Services would recommend reprioritizing General Funds to continue serving the 11,000 residents currently served. This would include reallocating funding from part-time nutrition site operations, transportation, or delegate agency recreation, arts, and education programming classes that are contracted to subcontractors to operate in the centers.

**C. Inject 3 Homeless:** The Federal Government has notified the City that federal funding used for Homelessness initiatives are going to be reduced by 50%. The City of San Antonio Homeless Services and Strategy Department is projected to receive \$7.4 Million in Federal Grants in FY 2026 of which \$4.5 million is non-HOME ARP funding. This reduction in funding will directly impact Homeless prevention programs and 96% of non-ARPA Funding.

1. Emergency Solutions Grant: \$1,152,115
2. Housing Opportunities for Persons with AIDS: \$3,203,599

Emergency Solutions Grant: The Emergency Solutions Grant (ESG) funds crisis response services to people experiencing homelessness. In FY 2026 and recent years, the City allocated ESG funds to support the San Antonio Food Bank Kitchen at Haven for Hope, providing meals to clients accessing the North Campus of the shelter, and the Rapid Rehousing program at SAMMinistries, which provides rental assistance and case management to the most vulnerable people experiencing homelessness, as prioritized through the community Homelink system.

This inject would reduce funding from \$1.2 million to \$600,000. The following table illustrates the programs funded through the Emergency Solutions Grant, and the recommended program reductions because of the inject.

Program	Program Description	Residents Served	FY 2026 Grant Amount	Revised Grant	Revised Residents Served
Emergency Shelter Services	Provides funding for Haven for Hope campus meals and emergency shelter services.	2,588	\$385,651	\$359,434	2,588
Homeless System Coordination	Provides funding for encampment abatement and street outreach coordination	3,504	242,841	216,624	3,504
Rapid Rehousing	Provides resources to rehouse individuals experiencing homelessness	62	523,623	0	0
Total			\$1,152,115	\$576,058	

**Impact of reduction:** Based on the analysis, if funding for the Emergency Solutions Grant is reduced by 50%, the recommendation would be to eliminate funding for rapid rehousing. Staff recommends this

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reduction based on the relatively small number of clients served. The funding cut would reduce by 62 the number of people housed out of homelessness, while largely maintaining critical food services to homeless shelter clients and coordination work related to encampments and street outreach. Rapid rehousing services provide up to two years of rental assistance and supportive case management to help the most vulnerable in regaining housing stability.

The table below reflects the Districts and demographics of the residents that were served in previous years

District	Number of Residents	Age of Residents			Income	
		16-24	25-54	55+	30% and Below	31% to 60%
1	25	2	19	4	24	1
2	8	1	6	1	6	2
3	1		1			1
4	0					
5	23		17	6	19	4
6	1		1		1	
7	3		3		3	
8	0					
9	1		1		1	
10	0					
<b>Total</b>	<b>62</b>	<b>3</b>	<b>48</b>	<b>11</b>	<b>54</b>	<b>8</b>

**Housing Opportunities for Persons with AIDS (HOPWA):** Housing Opportunities for Persons with AIDS (HOPWA) funds crisis response and housing stability services for people with low incomes or experiencing homelessness who have HIV/AIDS. Services funded through the HOPWA grant are:

- Alamo Area Resource Center - Transportation Services, Housing Support, and Tenant-Based Rental Assistance
- Beat AIDS - Newly Empowered Women Transitional Facility, Tenant-Based Rental Assistance, Case Management Program, Emergency Financial Assistance Program, and Short-term, Rental, Mortgage, & Utility Assistance (STRMU)
- San Antonio AIDS Foundation - Long-Term Tenant-Based Rental Assistance, Congregate Hot Meals at Cafe SAAF

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This inject would reduce funding for HOPWA from \$3.2 million to \$1.6 million. The following table illustrates the programs funded through the HOPWA grant, and the recommended program reductions as a result of the inject.

Program	Program Description	Residents Served	FY 2026 Grant Amount	Revised Grant	Residents Served
Emergency Shelter & Services	Provides Emergency Shelter & Services as well as Transitional Housing	24	\$611,526	\$611,526	24
Homeless System Coordination	Supports contract monitoring and fiscal oversight of administering the grant	3,504	158,652	158,652	3,504
Homeless Prevention	Supports Homeless prevention services by partner agencies	945	1,425,313	487,101	274
Rapid Rehousing	Provides Rental Assistance and case management	117	1,008,108	344,521	40
<b>Total</b>			<b>\$3,203,599</b>	<b>\$1,601,800</b>	

**Impact of reduction** Based on the analysis, if funding for HOPWA was reduced by 50%, the recommendation would be to reduce funding for Homeless Prevention by 66% (\$938,212 reduction) and Rapid Rehousing (\$663,587 reduction) programs. This reduction minimizes the impact to the most vulnerable who are accessing shelter/transitional housing services and spreads the cut across multiple programs offering Prevention and Rapid Rehousing services. This would result in 671 fewer people receiving homeless prevention assistance, and 77 fewer people receiving tenant-based/rapid rehousing assistance. Clients who would access these services would be eligible for existing programs within the community. Based on this reduction, the program would focus on serving those individuals with an income of 30% and below.

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The table below reflects the Council Districts and demographics of the residents that were served in previous years.

District	Number of Residents	Age of Residents			Income		
		16-24	25-54	55+	30% and Below	31% to 60%	61% and above
1	172	3	102	67	139	27	2
2	306	2	202	102	265	31	4
3	117	2	67	48	92	20	4
4	57		46	11	36	10	9
5	120		80	40	100	12	8
6	67		47	20	47	18	1
7	74		47	27	52	19	1
8	56		45	11	45	8	2
9	35		29	5	21	11	1
10	58		40	18	45	8	3
<b>Total</b>	<b>1,062</b>	<b>7</b>	<b>705</b>	<b>349</b>	<b>842</b>	<b>164</b>	<b>35</b>

Note: Demographics were not obtained for all residents served.

**D. Inject 4 Housing Services:** The Federal Government has notified the City that federal funding used for affordable housing initiatives are going to be reduced by 50%. The City of San Antonio Neighborhood and Housing Services Department is projected to receive \$22 Million in Federal Grants in FY 2026 of which \$19.8 million is non-HOME ARP funding. This reduction in funding will directly impact Housing programs and 93% of non-HOME ARP funding.

1. Community Development Block Grant: \$12,505,416
2. Home Investment Partnerships Program: \$5,863,371

Community Development Block Grant (CDBG): The Neighborhood and Housing Services Department utilizes Community Development Block Grant funds to support community development in eligible areas throughout the City. These funds help provide for the implementation of the consolidated plan for the Community Development Block Grant. The grant provides support for administration, rehabilitation, development, fair housing, housing stabilization and support services.

The following table illustrates the major programs funded through the Community Development Block Grant, and the recommended program reductions because of the inject.

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Program	Program Description	Output	FY 2026 Grant Amount	Revised Grant	Revised Output
Housing Loan Coordination	Supports staffing and program related costs for housing loan servicing and coordination.	406 loan applications reviewed	\$86,000	\$86,000	No impact
Gap Funding	Provides gap funding opportunities for affordable housing developers.	289 Units (includes HOME)	4,313,600	2,655,232	171 Units
Major Rehabilitation	Assists residents with major home rehabilitation or reconstruction.	26 homes	4,944,000	1,995,834	10 homes
Fair Housing	Supports staffing and program related costs for fair housing services to rental tenants, homeowners, and landowners	887 residents	155,000	0	0
<b>Total</b>			<b>\$9,498,600</b>	<b>\$4,737,066</b>	

Note: The remaining amount of the grant funds, \$3.0 million, is used by the City to support eviction prevention, rental assistance, and grant management.

**Impact of reduction:** Based on the analysis, if funding for CDBG was reduced by 50%, the recommendation would be to reduce gap funding by 40% and major rehabilitation by 60%. Both gap funding and major rehabilitation could be supplemented by a potential new bond and funding is currently allocated in the General Fund and Housing Bond for major rehabilitation. Retaining funding for the Housing Loan Coordination positions is crucial as they perform required loan qualification and approval processes for all home rehab and down payment assistance programs across the department.

For illustrative purposes, the table below indicates the number of homes or units that were funded by the

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FY 2025 CDBG Program. If this reduction would have occurred last year, it would have reduced services to approximately 16 homes that receive major rehabilitation services, and 94 affordable housing units would not be developed through gap funding opportunities.

The table below reflects the Council Districts and demographics of the residents served and units in FY 2025.

District	Number of Homes/Units	Age of Residents*		Income		
		25-54	55+	30% and Below	31% to 60%	61% to 80%
1	2	1	1	0	1	1
2	2	0	2	0	1	1
3	8	3	5	1	3	4
4	44	0	2	1	0	43
5	42	0	5	2	2	38
6	158	1	1	24	133	1
7	3	2	1	1	1	1
8	0	0	0	0	0	0
9	0	0	0	0	0	0
10	2	1	1	0	0	2
<b>Total</b>	<b>261</b>	<b>8</b>	<b>18</b>	<b>29</b>	<b>141</b>	<b>91</b>

\*Note: Age of residents is not known for the 235 units with gap funded housing.

Other programs that would be impacted include:

- Eviction prevention, \$100,000 which supports caseworkers providing eviction intervention services. The department would reprioritize the General Fund to continue funding for these positions as they support households that are in the eviction courts and positions that assist eligible renters and homeowners rectify code violations and address health and safety issues.
- Rental assistance, \$450,000, which supports direct welfare for residents through the rental assistance program. This would reduce the number of residents receiving support from 133 to 67, if implemented in FY 2025.

Home Investment Partnerships Program (HOME): The HOME Program provides for rehabilitation and production of affordable housing and down payment assistance to low- and moderate-income households. It also supports grant monitoring and administration, which includes providing technical assistance to sub-grantees and project sponsors and monitoring of all project activities to ensure compliance with U.S. Department of Housing and Urban Development affordability and regulatory requirements.

The following table illustrates the major programs funded through the HOME program, and the

recommended program reductions as a result of the inject.

Program	Program Description	Output	FY 2026 Grant Amount	Revised Grant	Revised Output
Gap Funding	Provides gap funding opportunities for affordable housing developers.	161 Units (includes CDBG Funding)	\$2,672,034	\$1,644,768	106 Units
Major Rehabilitation	Assists residents with major home rehabilitation or reconstruction.	13 homes	2,300,000	928,483	5 homes
Down Payment Assistance	Provides down payment assistance to first-time homebuyers	10 residents	305,000	0	0
<b>Total</b>			<b>\$5,277,034</b>	<b>\$2,573,251</b>	

**Impact of reduction:** Based on the analysis, if funding for HOME was reduced by 50%, the recommendation would be to eliminate Down Payment Assistance as there is funding in the General Fund to provide down payment assistance. The remaining would be a reduction of 60% to major rehabilitation and 40% to Gap Funding. Gap funding is a higher priority as the sole funding source is CDBG and HOME, whereas major rehabilitation has funding in the General Fund and Housing Bond.

For illustrative purposes, the table below indicates the number of homes, units, and down payment assistance that were funded by the FY 2025 HOME Program. If this reduction would have occurred last year, it would have reduced services to approximately 12 residents that received down payment assistance, 4 residents that received major rehabilitation services on their home, and 94 affordable housing units would not be developed through gap funding opportunities.

The table below reflects the districts and demographics of the residents that were served in previous years.

District	Number of Residents	Age of Residents*			Income		
		16-24	25-54	55+	30% and Below	31% to 60%	61% to 80%
1	1	0	1	0	0	0	1
2	2	1	1	0	0	0	2
3	2	0	1	1	1	1	0
4	46	0	4	0	0	0	46
5	41	0	3	1	0	3	38
6	158	0	1	1	24	133	1
7	2	0	1	1	0	0	2
8	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0
10	1	0	1	0	0	0	1
<b>Total</b>	<b>253</b>	<b>1</b>	<b>13</b>	<b>4</b>	<b>25</b>	<b>137</b>	<b>91</b>

\*Note: Age of residents is not known for the 235 units with gap funded housing.

**IMPACT OF SCENARIO 2: City of San Antonio’s Partners Federal Funding is Reduced by 50%**

**Prompt:** The Federal Government has notified the City of San Antonio and community partners that on October 1, 2026, they will be reducing certain federal allocations that historically have funded grant programs related to affordable housing, homelessness prevention programs, public health, social services, and child/family welfare initiatives. This is in addition to the changes that will be enacted to Medicaid/CHIP, Medicare, SNAP, and the Affordable Care Act (ACA).

- a. **Inject 1:** Eligibility changes to Medicaid/CHIP, Affordable Care Act, Medicare, and SNAP Programs. As part of this tabletop, the Department of Health Policy and Health Services Administration, Kate Marmion School of Public Health, University of Texas San Antonio estimated the impact and financial effects of the eligibility changes to Medicaid/CHIP/Affordable Care Act, Medicare, and SNAP programs. The following is a summary of this analysis.

**Estimated impacts of changes in ACA in Bexar County:**

With the passage of the Reconciliation Bill which passed in July 2025, the enhanced advanced premium tax credits (made available as part of the American Rescue Plan Act and extended through the Inflation Reduction Act) were not extended and expired January 1, 2026.

According to a report from Texas A&M’s Bush School of Government & Public Services, funded by the Episcopal Health Foundation, it estimated there were 249,741 residents enrolled in ACA in Bexar County in 2025. Based on the implementation of the Reconciliation Bill, it is estimated that 36,647 residents will not continue Marketplace coverage and will become uninsured in 2026. This will increase the demand for

uncompensated care among non-elderly individuals in Bexar County, which is estimated to be \$103 million increase in uncompensated care.

For those that remain in the ACA Market plan, of approximately 183,110, the additional annual premium for ACA plans is estimated to increase by \$420.

#### **Estimated impacts of changes in Medicare in Bexar County**

As of July 4, 2025, the Reconciliation Bill restricts Medicare eligibility to U.S. citizens, green card holders, Cuban-Haitian entrants, and people residing under the Compacts of Free Association, and terminates Medicare coverage no later than 18 months from enactment (January 4, 2027) for people who are currently enrolled but no longer eligible under the changes.

Between January 2024 and June 2025 there were an average of 327,574 individuals on Medicare in Bexar County. With the implementation of the Reconciliation Bill, it is estimated that 1,432 individuals will lose Medicare coverage. It is estimated that Medicare provides about \$12,412 in health care support per enrollee, this translates to a reduction in Medicare support of approximately \$17.8 million per year.

#### **Estimated impacts of changes in Medicaid/CHIP in Bexar County**

As of October 1, 2026, the Reconciliation Bill restricts the definition of qualified immigrants for purposes of Medicaid or CHIP eligibility to legal permanent residents, certain Cuban and Haitian immigrants, citizens of the Freely Associated States (COFA migrants) lawfully residing in the US, and lawfully residing children and pregnant adults in states that cover them under the Legal Immigrant Children's Health Improvement Act (ICHIA) option.

Between January 2024 and February 2025, there was an average of 309,610 Bexar County Medicaid enrollees and 9,755 Bexar County CHIP enrollees. Based on the implementation of the Reconciliation Bill, it is estimated that 8,366 residents will lose Medicaid coverage and 263 residents will lose CHIP coverage. This reflects a reduction in payments of \$85 million (\$83.8 million in Medicaid and \$1.2 million in CHIP).

#### **Estimated impacts of changes in SNAP in Bexar County**

With the passage of the Reconciliation Bill, the following changes will be effective and could reduce the number of eligible individuals on SNAP. While these changes were effective upon passage, most states implemented on November 1, 2025

- Increased the age of adults subject to abled bodies adults without dependents from 55 to 65.
- Narrowed parental exemption to if the child is under 14 and the adult is the parent or legal guardian.
- No exemptions for veterans, individuals experiencing homelessness, and young adults that have aged out of foster care. Exemption added for Native Americans, including Urban Indians.

As of August 2025, there were 128,898 SNAP cases in Bexar County reflecting 284,081 eligible recipients. The average SNAP benefit per case in August was approximately \$384/month. Based on the

implementation of the Reconciliation Bill, it is estimated that the number of cases will decrease by 31,203 reflecting a reduction in SNAP payments in Bexar County of \$11.9 million.

Additionally, a report from the USDA suggested a multiplier of approximately \$1.40 in economic activity generated for each dollar paid as part of SNAP, although there are limitations associated with this estimate (e.g., assumptions as to whether SNAP payments are exogenous with no crowd-out effects). With this multiplier the estimated reduction in Bexar County monthly economic activity from a reduction in SNAP payments is approximately \$16.7 million.

***Note: The following summary analysis is based on hypothetical situations and reflect recommended changes to services based on those situations. There are currently no funding changes in federal grants. However, if the city or partner organization were notified that a certain grant would be reduced, recommendations may be revised based on additional data, requirements of the grant, or other information that would inform the recommendation to City Council or the Agency. Additionally, if the city was notified of a reduction in grant funding, further analysis would be completed, and City Council would be briefed in a separate correspondence.***

- b. Inject 2: Reduced funding for housing and homeless services.** The federal government has notified the City of San Antonio and community partners that on October 1, 2026, they will be reducing funding for Section 8 vouchers, Continuum of Care program and Homeless Assistance Grants by 50%.

**Section 8 Vouchers:** Opportunity Home San Antonio manages 13,789 vouchers serving 24,755 residents. Housing Authority of Bexar County manages 2,176 Housing Choice Vouchers. A 50% reduction in vouchers would end the ongoing rental assistance for nearly 8,000 households.

**Continuum of Care:** Managed by Close to Home, annual funding of \$25 million serves 2,989 people through services such as permanent supportive housing, rapid rehousing, transitional housing, and other supportive services. A straight-line 50% reduction in CoC funding would reduce services to 1,500 people, including 351 residents of permanent supportive housing.

**Haven for Hope:** Haven for Hope provides many services to support the unhouse population to include mass shelter, outreach, rapid rehousing, veterans support, and supportive services. To support these programs, Haven receives approximately \$3.6 million in Federal funding. Through these programs they serve approximately 3,635. If funding was reduced, Haven for Hope would need to reduce services to 500 individuals.

- c. Inject 3: Reduced funding for Head Start and Early Head Start Grants and Women, Infant and Children Grant.** The federal government has notified the City of San Antonio and community partners that on October 1st, 2026, they will be reducing funding that will directly impact the Head Start and Early Head Start grants and Women, Infant and Children Grant.

**Community wide impact of a reduction in WIC funding including partners that provide WIC**

**CommuniCare:** CommuniCare receives approximately \$2.1 million in Federal Funding to provide the WIC program to the community. This serves about 10,000 participants each year. A reduction of 50% to the funding for Continuum of Care would reduce services to approximately 5,000 women, infants and children.

**Christus Children:** Christus Children receives approximately \$2.5 million in Federal Funding to provide the WIC program to the community. This serves about 6,200 participants each year. If funding were reduced, infants and pregnant women are typically prioritized for continued services, and other individuals would be placed on a waitlist. This would reduce the number of participants served from 6,000 to 3,000.

**Centro Med:** Centro Med receives approximately \$2.3 million in Federal Funding to provide the WIC program to the community. This serves about 11,000 participants each year. If funding were reduced, infants and pregnant women are typically prioritized for continued services, and other individuals would be placed on a waitlist. This would reduce the number of participants served from 11,000 to 6,000. If this were to occur, Centro Med would close its northeast location limiting resources for that segment of Bexar County which could lead to increased food insecurity. Other services that may be limited or eliminate could be nutrition education, lactation support, and peer counselling.

## **CONCLUSION**

The Federal Funding Tabletop Exercise underscored the challenges San Antonio and Bexar County would face if federal resources were significantly reduced. Critical systems including healthcare, housing, food access, child and family services, education, and public health rely heavily on federal funding streams to maintain operations and support vulnerable populations. Reductions of the scale presented in the scenarios would not only increase demand on local services but also create new gaps that no single agency or sector could address independently.

Despite these challenges, the exercise highlighted the strength of San Antonio's collaborative networks. Partners demonstrated deep knowledge of community needs, a strong commitment to equity, and a willingness to act collectively. Participants emphasized that proactive planning, improved data systems, and unified communication strategies are essential for protecting residents and mitigating service disruptions.

Special thanks again to the organizations and staff members that participated in this Tabletop for sharing your time, knowledge, and resources to begin to address these topics.