



Recommendation for Action

File #: 21-1855, **Agenda Item #:** 19.

5/6/2021

Posting Language

Approve an ordinance amending the Fiscal Year 2020-2021 Austin Public Health Department Operating Budget Special Revenue Fund (Ordinance No. 20200812-001) to accept and appropriate \$5,102,084 in grant funds and authorizing 5.0 full-time equivalent grant funded positions from the Texas Department of State Health Services COVID-19 Vaccination Capacity Grant.

Lead Department

Austin Public Health.

Fiscal Note

Funding in the amount of \$5,102,084 is available from the Texas Department of State Health Services. The grant period is upon execution through June 30, 2024. A City match is not required. A fiscal note is attached.

For More Information:

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Additional Backup Information:

The Austin Public Health Department received notice of a grant award of \$5,102,084. This grant focuses on active COVID-19 resource expansion for the immunization program and beyond to the community. The program is proposing to onboard 5 full-time equivalent grant funded positions (also known as FTE's) and 43 temporary staff to support medical data entry, call center support, administer vaccinations, educate the community about COVID-19, and provide support to community vaccine providers. The current grant award will begin upon execution and end June 30, 2024, with approximately 70% of funds being expended by June 30, 2022. The grant application crosses four fiscal years (FY 2021 - FY 2024) for the Texas Department of State Health Services (also known as DSHS).

The funding will be used for a new grant term of upon execution through June 30, 2024. The funding is available for three different COVID-19 Vaccination Projects.

Project 1: Increase COVID-19 vaccination capacity across the jurisdiction, including among high-risk and underserved populations.

- a) Increase the number of vaccine provider sites, including through the use of pharmacies. This can be done through a competitive application process by enrolling specific providers into such a program, or through other means.
- b) Enroll and train vaccine providers, including complementary providers, to build capacity to vaccinate pediatric and adult populations in accordance with the Advisory Committee on Immunization Practices (also known as ACIP) recommendations.
- c) Enlist and educate adult providers, including specialists that see high risk patients, to identify and refer patients to vaccination clinics if they are not themselves vaccinators.
- d) Fund local health departments to expand their operations (e.g., providing vaccinations during evenings,

- overnight, and on weekends) and to increase their output.
- e) Support public health workforce recruitment and training, including working with health providers from rural communities, communities of color, and/or communities of high social vulnerability (CDC's Social Vulnerability Index (SVI)).
- f) Implement vaccine strike teams, mobile vaccine clinics, satellite clinics, and temporary or off-site clinics to travel and provide vaccination services in non-traditional settings, and to supplement the work of local health departments in underserved communities.

Project 2: Ensure high-quality and safe administration of COVID-19 vaccines.

- a) Implement site visits to COVID-19 vaccination clinics to provide monitoring and quality assurance support (supportive supervision) and to promote quality improvement.
- b) Support vaccine administration sites by responding to issues, questions, and ensuring training as needed for new products or changes to products.
- c) Provide supplies (including personal protective equipment (PPE)), equipment, and training to providers and partners for:
 - i. Vaccine storage and handling, including monitoring temperature of vaccines.
 - ii. Vaccine transport, including any vaccine-specific considerations for temporary mass vaccination clinics.
 - iii. Vaccine administration.
- d) Ensure vaccine administration sites have appropriate capabilities to address adverse events, including anaphylaxis.
- e) Support provider training and reporting of vaccine adverse events to the Vaccine Adverse Event Reporting System (also known as VAERS).

Project 3: Ensure equitable distribution and administration of COVID-19 vaccines.

- a) Monitor vaccination coverage among population subgroups, identifying populations and geographic areas with low coverage. Implement and evaluate interventions and direct vaccine and vaccination efforts to increase coverage.
- b) Monitor and improve access to vaccinations in communities of high social vulnerability. (CDC's SVI).
- c) Continue and expand on the work of Vaccine Equity Committees (or similar committees) to ensure transparency and engagement with the community.
- d) Have a written plan to address high-risk and specific populations (including older adults) and how to reach each group, including congregate settings (e.g. correctional facilities), homeless populations, essential workers, and others.
- e) Partner, plan, and implement vaccination activities with critical organizations. These organizations could include, but are not limited to:
 - i. Colleges and Universities;
 - ii. Occupational health settings for large employers;
 - iii. Churches or religious institutions;
 - iv. Federally Qualified Health Centers, including Community Health Centers;
 - v. Pharmacies;
 - vi. Long-term care facilities, including independent living facilities, assisted living centers, and nursing homes;
 - vii. Organizations and businesses that employ critical workforce;
 - viii. First responder organizations;
 - ix. Non-traditional providers and locations that serve high-risk populations; and
 - x. Other partners that serve underserved populations.
- f) Plan and implement vaccination activities with organizations and business that employ frontline essential workers.

The General Fund will not be required to contribute additional funds beyond those currently budgeted to this

grant or to the funding of these positions. When the grant funds expire, Austin Public Health's need for these positions will be evaluated and the positions may be eliminated.

Strategic Outcome(s):

Health and Environment.