

**CITY OF EL PASO, TEXAS
AGENDA ITEM
DEPARTMENT HEAD'S SUMMARY FORM**

DEPARTMENT: City Manager's Department

AGENDA DATE: March 29, 2021

PUBLIC HEARING DATE: N/A

CONTACT PERSON NAME AND PHONE NUMBER: Senior Deputy City Manager, Cary Westin (915) 212-1063

DISTRICT(S) AFFECTED: All

STRATEGIC GOAL: Goal 6 Set the Standard for Sound Governance and Fiscal Management
Goal 8 Nurture and Promote a Health Sustainable Community

SUBGOAL:

6.4- Implement leading-edge practices for achieving quality and performance excellence

6.5- Deliver services timely and effectively with focus on continual improvement

8.1- Deliver prevention, intervention, and mobilization services to promote a healthy, productive, and safe community

SUBJECT:

Presentation and discussion by the COVID-19 Response + Recovery Cross-Functional Team providing information on key activities, efforts, and processes.

1. Overview (Tommy Gonzalez)
2. CFT Operations (Chief Mario D'Agostino)
 - a) Quality of Life (QoL) Reopenings Update (Tracey Jerome)
3. City Attorney Overview (Karla Nieman)
 - a) State Disaster Declarations
 - b) Governor Abbott's Executive Order GA-34
 - c) City Attorney's Office COVID-19 Support
 - d) Legal Monitoring
 - e) Courts Update
 - f) City Attorney's Office Significant Legal Support During COVID-19
4. Team Lead Reports:
 1. Health Focus (Hector Ocaranza, M.D.)
 2. Vaccination Update (Angela Mora)
 3. Community Vulnerabilities + Human Services (Nicole Ferrini)
 - a) Rental Assistance: Tracy Yellen, Paso Del Norte Community Foundation
 - b) Utility Assistance: Andrea Ramirez, Amistad
 - c) Community Resilience Center: Deborah Zuloaga, United Way of El Paso
5. City Manager Wrap Up (Tommy Gonzalez)

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BACKGROUND / DISCUSSION:

The COVID-19 Response + Recovery Cross-Functional Team is comprised of ten multi-disciplinary teams focused on the continued planning, development and implementation of actions supporting key impact areas. Ongoing updates will be provided to share key information and key upcoming items.

PRIOR COUNCIL ACTION:

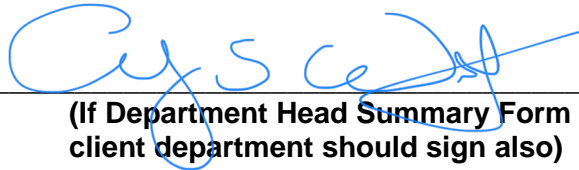
N /A

AMOUNT AND SOURCE OF FUNDING:

N /A

*****REQUIRED AUTHORIZATION*****

DEPARTMENT HEAD:



(If Department Head Summary Form is initiated by Purchasing,
client department should sign also)