

**Metropolitan Board of Health of Nashville and Davidson County
March 11, 2021, Meeting Minutes**

Chair Alex Jahangir called the meeting to order at 4:00 p.m. The meeting was held electronically. A recording of the meeting was to be posted at <https://www.nashville.gov/Government/Boards-and-Committees/Committee-information/ID/76/Health-Board-of.aspx>.

Present

A. Alex Jahangir, MD, Chair
Carol Etherington, RN, MSN, Member
Thomas W. Campbell, MD, Member
David A. Frederick, MS, Member
Calvin M. Smith III, MD, Member
Tina Lester, MSN, RN, Interim Chief Administrative Director of Health
Gill C. Wright, III, MD, Interim Chief Medical Director of Health
Jim Diamond, MBA, Director of Finance and Administration Bureau
Tom Sharp, Policy Director and Government Liaison
Derrick Smith, JD, Metropolitan Department of Law

Motion to Approve Conducting Meeting by Electronic Means

Ms. Etherington made a motion to approve conducting of the meeting by electronic means (Attachment I). Dr. Smith seconded the motion, which passed unanimously.

Chair Jahangir conducted votes taken during the meeting by roll call.

Consideration of Extension of Public Health Emergency

Mr. Frederick made a motion to extend the current declaration of public health emergency to June 30, 2021. Dr. Smith seconded the motion, which passed unanimously.

Approval of February 11, 2021, Meeting Minutes

Mr. Frederick made a motion to approve the February 11, 2021, regular meeting minutes, as distributed. Ms. Etherington seconded the motion, which passed unanimously.

Ethics Presentation

The presentation was deferred to the April 8, 2021, regular Board meeting.

Tobacco Resolution

Tom Sharp presented the draft resolution in support of House Bill 1278/Senate Bill 1024 regarding state preemption of local tobacco regulation (Attachment II).

Dr. Smith made a motion to approve the resolution in support of House Bill 1278/Senate Bill 1024 regarding state preemption of local tobacco regulation, as presented. Ms. Etherington seconded the motion, which passed unanimously.

Approval of Grant Applications

Jim Diamond presented one application:

Centers for Disease Control and Prevention Public Health Associate Program (PHAP) – Strategic Planning

Term: October 2021-December 2023

Amount: NA

Dr. Smith made a motion to approve the grant application. Ms. Etherington seconded the motion, which passed unanimously.

Approval of Grants and Contracts

Jim Diamond presented nine items:

- 1. Grant from the Tennessee Department of Health – High Impact Area Substance Abuse**
Term: September 1, 2020-August 31, 2021
Amount: \$23,000
- 2. Grant from Friends of Metro Animal Care and Control – Emergency Medical Fund**
Term: NA
Amount: \$2,500
- 3. Grant from National Association of City and County Health Officials – NACCHO STI Express Cost Evaluation**
Term: February 2, 2021-June 30, 2021
Amount: \$10,000
- 4. Grant from the Tennessee Department of Health – Public Health Emergency Preparedness and Crisis Response**
Term: March 16, 2020-June 30, 2021
Amount: NA
- 5. Contract between Home to Home and Metro Animal Care and Control**
Term: Extension +5 years
Amount: NA
- 6. COVID 19 Community Partnership Fund Relief Grant to 4:13 Strong**
Term: March 1, 2020-June 30, 2021
Amount: \$28,000
- 7. COVID 19 Community Partnership Fund Relief Grant to the Mental Health Cooperative**
Term: March 1, 2020-June 30, 2021
Amount: \$55,200
- 8. COVID 19 Community Partnership Fund Relief Grant to the Nashville Food Project**
Term: March 1, 2020-June 30, 2021
Amount: \$50,000
- 9. COVID 19 Community Partnership Fund Relief Grant to Trevecca Nazarene University**
Term: March 1, 2020-June 30, 2021
Amount: \$50,000

Mr. Frederick made a motion to approve the grants and contracts. Dr. Smith seconded the motion, which passed unanimously.

Report of Interim Directors

Ms. Lester and Dr. Wright referred to the update provided in the Board packet (Attachment III).

At Ms. Lester’s request, Rachel Franklin provided additional information about the March 20, 2021, mass COVID vaccination event to be held at Nissan Stadium.

Ms. Lester announced that she expected the Health Equity bureau director position to be posted by the end of the month.

Ms. Lester announced the resignation of the director of the Ryan White program, Dr. Rajeev Mavath, and said efforts would be made to fill the vacancy as soon as possible after his departure April 2.

Dr. Wright provided a brief update on the vaccination process, rates, continued outreach to minority and underserved communities, and strategy for protecting those who are homebound.

Dr. Campbell requested additional information on the number of data sharing queries by Metro Nashville Police Department (MNPd) in February.

Report of Chair and Discussion

Chair Jahangir thanked Ms. Lester and Dr. Wright for their leadership as interim directors, noting a marked improvement in staff morale.

Chair Jahangir thanked Rachel Franklin for her hard work related to COVID activities.

Chair Jahangir announced that Dia Cirillo, who formerly served as Community Mental Health Systems Improvement (CMHSI) Coordinator in the Department's Division of Behavioral Health and Wellness, now serves as a senior policy advisor to Mayor Cooper as liaison to the Board of Health in non-COVID related matters, and she may reach out to Board members directly.

Review of Board Requests

- Reschedule Ethics Presentation to the April 8, 2021 regular meeting.
- Additional information on the number of data sharing queries from MNPd in February.
- Arrange for David Frederick to attend the annual conference of the National Association of Local Boards of Health (NALBOH) if held virtually, or in person if Metro approves the travel request, August 1-3, 2021.

CIVIL SERVICE BOARD

Request for Approval of Out-of-Class Pay

Mr. Diamond requested the Board approve the extension of out-of-class pay for Holly Rice, who has been serving in the role of finance manager since Dianne Harden's retirement. The position will be posted soon but not filled prior to March 31.

Mr. Frederick made a motion to approve the extension of out-of-class pay for Holly Rice. Dr. Smith seconded the motion, which passed unanimously.

Personnel Changes

Mr. Diamond presented the February 2021 Personnel Changes, which were unremarkable.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, April 8, 2021 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209, if social distance restrictions are not in place.

The meeting adjourned at approximately 4:35 p.m.

A. Alex Jahangir, MD, MMHC, FACS
Chair

MOTION TO APPROVE CONDUCTING MEETING BY ELECTRONIC MEANS

I move that the items on the meeting agenda constitute essential business of this Board, meeting electronically is necessary to protect the health, safety, and welfare of Tennesseans considering the COVID-19 outbreak, and any conflicting with the Governor's Executive Order permitting electronic meetings be suspended.



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Resolution

In support of House Bill 1278/Senate Bill 1024 regarding state preemption of local tobacco regulation

- WHEREAS,** Tobacco use remains one of the most lethal behaviors in the United States, killing an estimated 480,000 people per year in this country alone, including more than 41,000 deaths attributed to secondhand smoke exposure;¹ and,
- WHEREAS,** This is about one in five deaths annually, or 1,300 deaths nationwide every day;¹ in Tennessee, smoking accounts for 32.9% of all cancer deaths;² and,
- WHEREAS,** In Davidson County the exposure to these harmful habits remains unacceptably high, where more than 1 in 5 adults smoke cigarettes,³ and 16% of high school youth use vaping products;⁴ and,
- WHEREAS,** This Board has long supported more stringent control of tobacco, e-cigarettes and vaping devices, and is on record that “legislators and regulators should default to and act upon an assumption of harmfulness” from e-cigarettes and vaping devices until a more thorough understanding of their health impacts is gained;⁵ and,
- WHEREAS,** Since 1994 the Tennessee General Assembly has reserved to itself the entire field of tobacco regulation, preventing more nuanced local control;⁶ and,
- WHEREAS,** The General Assembly currently is considering HB1278/SB1024 by Whitson and Briggs that would loosen the bonds of state preemption in Davidson County;⁷ and,
- WHEREAS,** This easing of Legislative preemption would allow this Board and the Metropolitan Government of Nashville and Davidson County to regulate tobacco and vapor products more precisely than is currently the case;⁷ and,
- WHEREAS,** This Board wholeheartedly supports measures allowing for more local control over such a critical threat to the health of our community;
- NOW, THEREFORE BE IT RESOLVED** that the Metropolitan Board of Health of Nashville and Davidson County, on this 11th day of March, 2021, encourages the Tennessee General Assembly to give HB1278/SB1024 full consideration, and further encourages passage of this legislation for the betterment of the health and well-being of the community we all serve.

Alex Jahangir, MD, MMHC, FACS
Chairman

Metropolitan Board of Health of Nashville and Davidson County

1 U.S. Department of Health and Human Services. [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2018 Feb 22].

2 Lortet-Tieulent, J, et al., "State-Level Cancer Mortality Attributable to Cigarette Smoking in the United States," JAMA Internal Medicine, 2016

3 PLACES Project. Centers for Disease Control and Prevention. Accessed March 4, 2021. <https://www.cdc.gov/places>

4 Centers for Disease Control and Prevention. 2019 Youth Risk Behavior Survey Data. Available at: www.cdc.gov/yrbs. Accessed on March 4, 2021.

5 Metropolitan Board of Health for Nashville and Davidson County, "Position Statement: E-cigarettes," adopted Nov. 14, 2013.

6 [Tenn. Code Ann. § 39-17-1551](#) subsection (a)

7 <https://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=HB1278>

Directors' Update to the Board of Health March, 2021

Protecting Health – Preventing the Spread of Infectious Disease

COVID

Vaccinations

Numbers

As of the middle of last week MPHD had provided 24,374 vaccinations since we started just before Christmas. The Music City Center continues to operate smoothly (both we and the Mayor's office have been gratified by the number of compliments and thank-you's people have taken the time to send us). As of 4 March total vaccinations of Davidson County residents were 152,573 doses; 55,157 people (7.9 percent of the population) were fully vaccinated.

Security

Given the difficulties faced by some jurisdictions with respect to vaccine waste, we have reviewed and expanded our inventory and tracking systems in recent days. We monitor inventory by lot numbers and doses provided, as well as a more targeted daily tracking that includes documentation of vials transported by lot number, record of all expiration dates when product is moved from ultracold storage to refrigerated storage, multiple vial counts as vaccines are moved, and continued monitoring on site by those responsible for vaccine. The goal is to track vaccines coming into the health department and those going out, in aggregate. We also track these by order number and date of receipt, so as to pinpoint when we get shipments of which lot number. This is important because vaccines by lot is what we have to report back to the state registry (TennIIS). This inventory is a more in-depth and secondary check on the required inventory system in TennIIS. This inventory also allows us quickly to get counts of doses administered by first and second dose, doses wasted, and total doses used/administered by both event and grand totals for each of these categories.

Mass Event

We are planning our first drive-through mass vaccination event for weekend after next at Nissan Stadium. The goal is 10,000 shots in one day. We will be using the newly approved Johnson & Johnson vaccine for this event. We also extend sincere appreciation to our numerous Metro and private partners for their commitments to help with this effort.

Death Number Discrepancy

Last week we identified a larger than normal difference between the number of Davidson County COVID-related deaths we had reported as compared to the number reported by TDH. At the time we were reporting 633 deaths and TDH was reporting 861.

The reporting process for deaths between the Medical Examiner's office and MPHD is a largely manual one. As deaths increased during the winter surge, the process was overburdened and our data became inconsistent with TDH's. We have added quality controls to ensure any differences are reviewed immediately. There will always be some difference in these numbers, but it should be much smaller going forward. The reason is we take additional steps to investigate and determine if the individual was a Davidson County resident or a resident of another county who died in Davidson County, as well as to confirm the cause of death as COVID. Only those identified as COVID deaths of Davidson County residents are in our numbers.

We set to reconciling the gap, using the same review process as before, and expected that process to take about 10 days.

Orders

The Seventh Amended and Restated Order 12 went into effect on March 1. It slightly loosened restrictions on bars and restaurants (extending operating hours by one hour) and increasing capacity sizes to a maximum of 125 per floor. The change to capacity sizes required us to shut down the event application process for a few days while we recalibrated it all. The new order also includes other modest increases in capacities, such as allowing four attendees per participant at scholastic and league games. It makes the outdoor gathering size (not requiring an application) 25, and keeps in the allowable indoor gathering size at 8 people. We have laid out a timeline for future changes using date ranges based on estimated vaccine coverage as a review trigger; we'll then decide whether to move forward based on the usual virus metrics (rolling average, active cases, medical capacities and so forth). This timeline is intended primarily to help those businesses that have long lead times for reservations, sometimes as long as a year in advance.

Improving Health – Access & Care Coordination

Community Mental Health Systems Improvement

Dia Cirillo has transitioned from the Behavioral Health and Wellness division to the Mayor's Office as a Senior Policy Advisor with Health as a primary area of work. Among her many responsibilities, she will serve as a liaison to the Community Mental Health Systems Improvement initiative as well as the Mayor's Behavioral Health and Wellness Advisory Council.

Improving Health – Community Partnerships

Suicide Prevention in African American Faith Communities Coalition (SPAAFCC) Black History Month Tribute

As SPAAFCC tries to be a beacon of hope in the city of Nashville and its African American citizens the coalition chose Black History Month to honor its members for their efforts, and our faith leaders for their contribution to their congregations and community. We honored those who birthed the coalition in 2009. We also heard a testimony from a mom who unfortunately lost her son to suicide. She mentions in the video of how SPAAFCC has played a role in her life and the community. We also heard a testimony from a man who attempted suicide. Our hope was the video would show coalition members valuable their role is in the community. The mayor, deputy mayor, chief of police, media, pastors, community members and Metro department heads all saluted SPAAFCC in a touching tribute. The video was viewed at the monthly meeting by about 60 people, and has been shared over many outlets by coalition members. Special thanks to Sheldon Walker of the BHW staff who supports SPAAFCC. Here is the link to the Tribute.

<https://youtu.be/tunIGDobMTs>

Trauma Training for Davidson County Sheriff's Office Staff

In 2018, as part of a Department of Justice Grant, 'train the trainer' training titled *How Being Trauma Informed Improves Criminal Justice System Responses* was offered to over 20 individuals here at MPHD. It was designed to teach participants how to train community partners and agencies who work with individuals in the criminal justice system. It emphasizes increased understanding and awareness of the impact of trauma, developing trauma-informed responses, and discussing strategies for implementing trauma-informed policies.

Nichelle Foster and Dr. Lolita Johnson were a part of the initial group of trainees. Since 2018, they have provided this training for five different groups of individuals who work directly with persons involved in the legal system. The Davidson County Sheriff's Office noticed the positive impact achieved when various employees made practical application of the information. DCSO made the decision to adopt this trauma-

informed response training into their annual core training curriculum for all employees who interact with inmates. Mrs. Foster and Dr. Johnson have been asked to provide this training for DCSO employees between March and September, in about 23 separate training dates, to create system change department wide.

This educational opportunity can shift the culture within the department from a 'what's wrong with you?' thought process, to a 'what happened to you?' thought process. Long standing partnerships between Behavioral Health and Wellness and the Davidson County Sheriff's Department will continue to build a united front in the community as agencies working together to build more trauma-informed systems and services within Metro government.

Organizational Updates

Strategic Plan

The strategic planning process continues to move forward. The team is on schedule to complete the three-year plan in the next few months. Here are a few updates:

Vision: A community in which all people achieve their full potential for health and well-being.

Mission: The mission of the Metro Public Health Department is to protect, improve and sustain the health and well-being of all people in Nashville and Davidson County.

Values:

- **Equity** - We value and leverage diversity in our team, customers, and partners. We treat the communities we serve, our customers, our partners, and one another with fairness and impartiality. We strive to eliminate disparities and aim for access and justice in health.
- **Integrity** - We are committed to doing what is right. We are accountable. We are good stewards of the **public resources in our care**.
- **Professionalism:** •We are well trained, knowledgeable, capable, focused, and dedicated. We strive for excellence and innovation while providing high quality service through a public health approach.
- **Respect:** We care about our customers, our partners, and one another. We are empathic, courteous, and demonstrate dignity and compassion in our service.
- **Transparency:** We are open, honest and intentional in our communications and services. We strive to build trust with our customers, our partners, and one another.

Public Health Accreditation

The department's progress to the submission of the required accreditation documentation is on track. Of the 11 measures that were reopened for revision or additions, we have identified documentation for nine for which we are gathering or developing the required information. Of the nine measures, we have identified the need to request that one measure be re-opened to fulfill all the elements of the required documentation. We are continuing to explore documentation options for two measures. It is anticipated that we will submit the requested revisions prior to the August 2021 deadline with a goal of submitting by the end of June.

Data Sharing

During February the emergency communication center (ECC) dispatching system queried the MPHD COVID testing database 77,503 times (average 2,797 queries per day). A positive result indicating a recent COVID test positive was returned for 3,073 of those queries (4.0%). No separate queries were made by MNPD in February.

Update: Drug Overdose Epidemic in Davidson County, TN March 2021



Data and Surveillance

Suspected Fatal Drug Overdoses

- Through mid-February, there have been 88 suspected drug overdose deaths in 2021.
- Fentanyl was detected in 78% of toxicology reports in 2020.
- In addition to fentanyl, detection of stimulants increased in 2020 compared to previous years.

Drug Overdose-related Emergency Department (ED) Visits

- There have been 340 overdose-related ED visits at local hospitals in 2021 (+19% compared to the same time period last year).

Suspected Drug Overdoses Requiring EMS Response

- There have been 681 suspected overdoses requiring EMS response in 2021 (+4% compared to the same time period last year).
- In 2021, the average administrations of naloxone treated by EMS is 2.4 per patient.

Interventions/Activities/Collaborations

Grants

- U.S. DOJ Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Grant
- TDH-CDC High Impact Area (HIA) Grant

Overdose Fatality Review (OFR) Panel

- Inaugural meeting planned for March 2, 2021.

ED Post-Overdose Discharge Protocol

- Initiative seeks to improve care through the use of peer recovery navigators, naloxone distribution, harm reduction strategies, and medically-assisted treatment (MAT).

Public Health and Safety Advisory

- Disseminated advisory to the public and community partners regarding an increase in suspected drug overdose deaths involving fake Xanax/Roxicodone pills in recent months.

Regional Stakeholder Group

- Currently assembling group; will include partners from surrounding counties.

Nashville Fire Department Post-Overdose Follow-Up

- Implementation began in early January 2021.

Substance Use Linkage

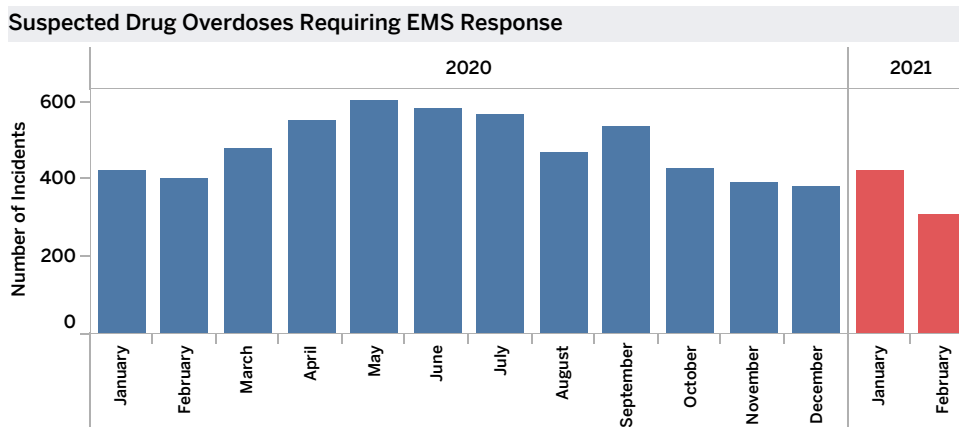
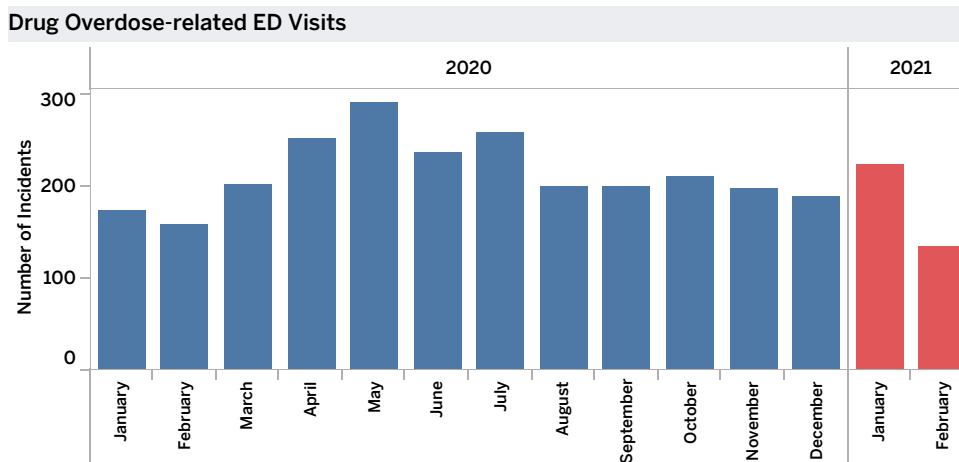
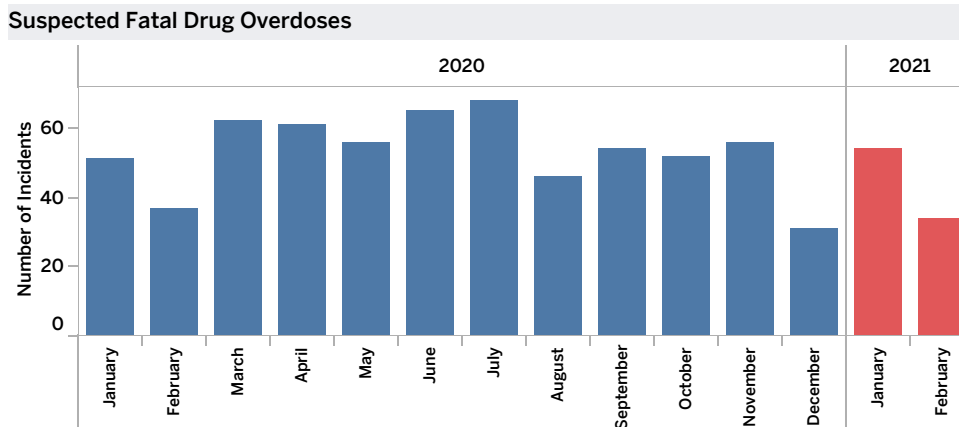
- Implementation began in November 2020. Activities include linking MPHD clinic patients with substance use disorder to available resources.

Data-to-Action with Local Prevention Partners

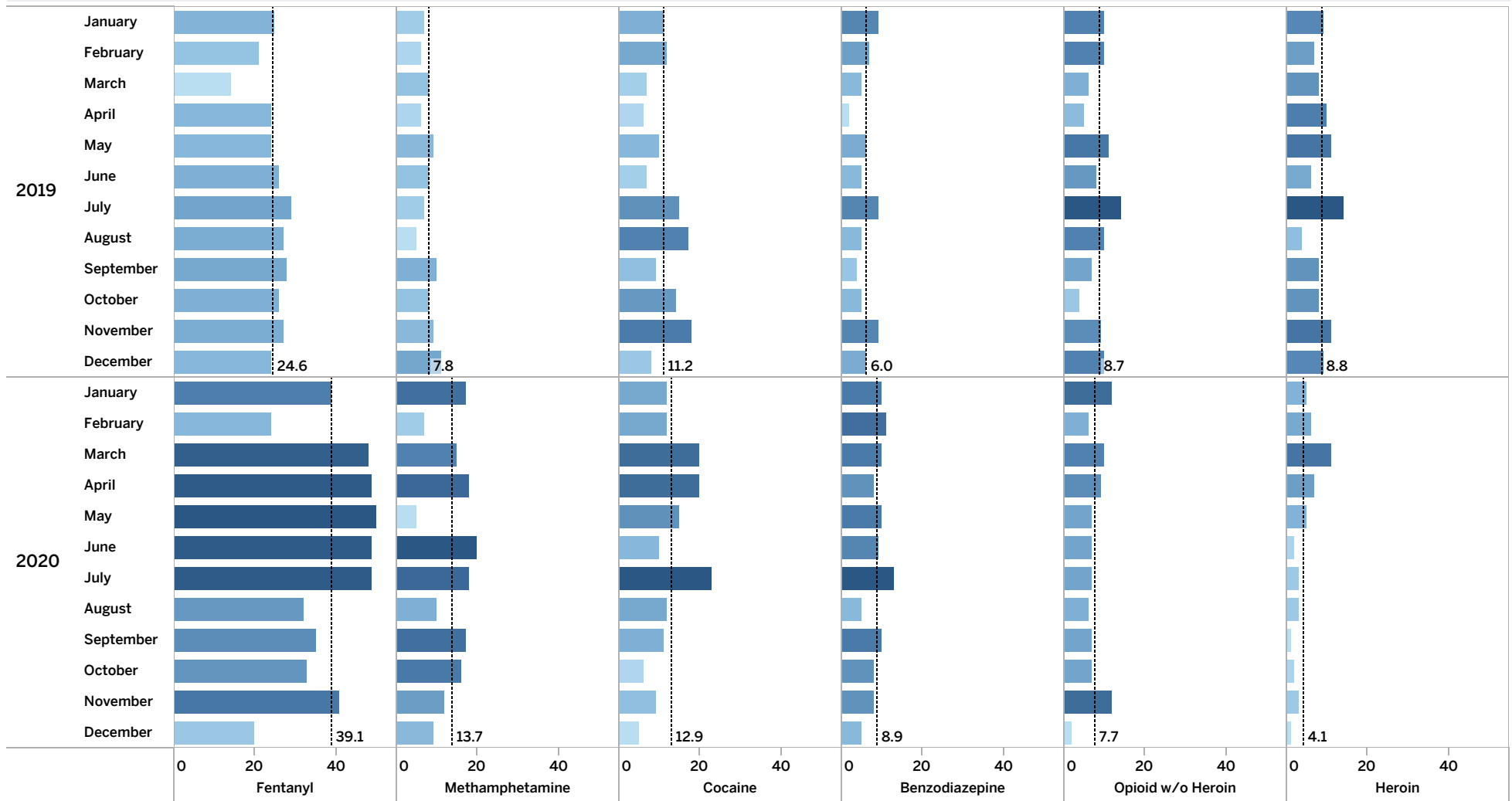
- Collaborating with prevention partners for targeted response to high-activity areas.

Bureau of Justice Assistance (BJA)/CDC National Meeting

- Program epidemiologists are presenting on the design and implementation of the local drug overdose surveillance system utilized in Davidson County on March 10, 2021.



Substances detected in toxicology report among suspected overdose deaths with monthly average, 2019-2020



Note: Data obtained from toxicology reports (including drug type) for deaths that occurred over the last several weeks (November 2020-January 2021) are still incomplete and will be updated in subsequent reports.

Update: Drug Overdose Epidemic in Davidson County, TN March 2021



If you have any questions, please contact:

Trevor Henderson | Director

Opioid/Overdose Response & Reduction Program
Metro Public Health Department of Nashville/Davidson County
Email: trevor.henderson@nashville.gov
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Bridget Del Boccio | Coordinator

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Josh Love, MPH | Epidemiologist

Opioid/Overdose Response & Reduction Program
Metro Public Health Department of Nashville/Davidson County
Email: josh.love@nashville.gov
Phone: 615-210-2171

MPHD Website – Drug Overdose Information

<https://www.nashville.gov/Health-Department/Drug-Overdose-Information.aspx>

Data Sources

Suspected Fatal Drug Overdoses

Davidson County Medical Examiner

Nonfatal Drug Overdose ED Visits

ESSENCE-TN

Suspected Drug Overdoses Requiring EMS Response

Nashville Fire Department EMS

Note

Data presented in this report were extracted on February 24, 2021 and are provisional. There may be additional fatal/nonfatal drug overdoses reported over this time period in subsequent reports as incidents that occurred from November 2020-February 2021 are not yet finalized.

****If you have information on unusual overdose activity, please contact the Opioid/Overdose Response & Reduction Program****

Opioid.Response@nashville.gov | 615-340-0498

NATIONAL FEDERATION OF HUMANE SOCIETIES
BASIC ANIMAL STATS MATRIX
(vrs 9-2012)

IMPORTANT NOTES FOR THE BASIC DATA MATRIX

Introduction to the Basic Matrix:

This basic matrix was designed to serve as a tool for basic data collection. It is a simple matrix containing what many (including Asilomar, ASPCA, National Federation, American Humane, UC Davis, Maddies Fund, PetSmart Charities and HSUS) have agreed are the minimum data points (along with definitions) an organization should gather. Whether organizations already gather a great deal of data or have only gathered the basics, this matrix should facilitate the roll up or merging of data at the local, regional or national level by providing a common framework. This matrix does not reflect any preference in data analysis or the calculation of rates but is rather simply a tool for data collection.

Tracking by Species and Age:

The risks associated with being an adult dog, puppy, adult cat or kitten (or neonate of any kind) in a shelter environment will vary a great deal. To help shelters assess and understand the differing risks for these populations of animals, this basic animal stats matrix includes a break out by species and age. If tracking statistics broken out by species and age is beyond the capacity of an agency, simply tracking statistics by species would be a place to begin. This document defines puppy and kitten as under 5 months of age (see below: Determining Age). Again – given the differing level of risk – breaking age down further to include a neonate category for both dogs and cats can also be very informative.

Determining Age:

This basic matrix utilizes 5 months as the break point between puppy/kitten and adult. At or near 5 months of age there are changes in the teeth which can help guide trained staff regarding proper categorization of the animal. For cats, at 4-5 months of age permanent canines, premolars and molars are coming in (all in by 6 months of age). For dogs, at 5-7 months of age permanent canines, premolars and molars are coming in (all in by 7 months of age). Source: "How to . . . series" from Animal Sheltering, http://www.animalsheltering.org/resources/magazine/may_jun_1996/how-to-determine-a-dog-or.pdf or contact the National Federation of Humane Societies for a copy of the document.

Beginning and Ending Shelter Counts:

These numbers help frame the population of the animals sheltered and cared for by the organization. We are recommending that a shelter do a walk through – physically counting the animals sheltered within the organization, and not forgetting to count those animals who have been admitted but who are not currently within the shelter (foster care, in the care of a veterinary hospital, etc).

Defining Owner Requested Euthanasia:

Some shelters offer pet euthanasia to the public as a service whose cost may be subsidized and therefore more affordable than local veterinary clinics, thus ensuring access to this service. Defining when euthanasia should be recorded as "at the request of the owner", or not, is the subject of much discussion.

For the purposes of this document, we are choosing to define owner INTENDED euthanasia as the euthanasia of a pet whose owner brought the pet to the shelter for that service. In other words, the owner brought the pet in specifically for that service – it was their intent before arriving.

Any other definition of "owner requested" euthanasia leaves much up to interpretation and therefore a great deal of variation among organizations and their reporting. We believe the simplicity of this definition helps to ensure consistent application and record keeping.

Live Admissions Only

For the purposes of this matrix we are tracking LIVE admissions only, i.e. animals who are alive when they come into an agency's possession. Animals who are dead when taken in to an agency's possession may be a data point to track, but that information is not tracked by this matrix.

What is Possession?

"Adoption" and "Transferred to another Agency" both make reference to possession. The primary concept here is one of ownership. For example, in foster care, the agency still has possession or ownership. If adopted or transferred to another Agency, possession is now with the new owner, or with another Agency.

Where are the "Others"?

This basic data matrix focuses on canines and felines. Many organizations also provide extraordinary services for other pets (pocket pets, rabbits, ferrets) and animals (wildlife), and that good work is not captured here.

Why a Basic Matrix?

This basic matrix was designed to serve as a tool for data collection. It is a simple matrix containing what many have agreed are the minimum data points an organization should consider gathering. By agreeing to this basic matrix - we hope organizations will gather AT LEAST this data, or if an organization all ready gathers a great deal of data, that they will consider rolling up their data into this format to help facilitate (if individual agencies are interested) data collection at a local, regional or national level, which would allow participating agencies to benchmark their work against similar agencies around their region or the nation. This matrix does not reflect any preference for the variety of live release rates used in animal sheltering and welfare. Most rates, other than full Asilomar which requires a conditions matrix, should be able to be calculated from the data points included.

NATIONAL FEDERATION OF HUMANE SOCIETIES
BASIC ANIMAL STATS MATRIX
(vrs 9-2012)

Species By Age	Canine		Felilne		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date: 2/01/2021)	62	1	17	4	84
Intake					
Stray at large	99	19	11	4	133
Relinquished by owner	13	2	7	15	37
Owner requested euthanasia	0	0	0	0	0
Transferred in from agency	0	0	0	0	0
Other Intakes	15	1	3	0	19
TOTAL INTAKE	127	22	21	19	189
Outcomes					
Adoption	36	0	3	3	42
Returned to owner	45	0	0	0	45
Transferred to another agency	41	19	2	0	62
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	122	19	5	3	149
Died in care	0	0	0	0	0
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	18	0	3	0	21
Owner requested euthanasia	0	0	0	0	0
TOTAL OUTCOMES	140	19	8	1	170
Ending Shelter Count (date: 02/28/2021)	52	3	30	18	103
SAVE RATE:	85.83%	100.00%	85.71%	100.00%	88.89%