

**Metropolitan Board of Health of Nashville and Davidson County
April 8, 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
Tené H. Franklin, MS, Vice-Chair
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

CIVIL SERVICE BOARD

Ethics Presentation

The presentation was deferred.

Personnel Changes

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

Chair Jahangir adjourned the Civil Service Board meeting and opened the Board of Health meeting.

BOARD OF HEALTH

Motion to Approve Conducting Meeting by Electronic Means

Vice-Chair Franklin 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.

Approval of March 11, 2021, Meeting Minutes

Mr. Frederick made a motion to approve the March 11, 2021, meeting minutes, as distributed. Dr. Smith seconded the motion, which passed unanimously.

Approval of Grant Applications

Jim Diamond presented one application:

Centers for Disease Control and Prevention National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

Term: June 2021-May 2023

Amount: \$4,930,249

Dr. Smith made a motion to approve the grant application. Vice-Chair Franklin seconded the motion, which passed unanimously.

Approval of Grants and Contracts

Jim Diamond presented six items:

- 1. Grant from the Health Resources and Services Administration: Healthy Start Initiative – Nashville Strong Babies**
Term: April 1, 2021-March 31, 2022
Amount: \$1,144,121
- 2. Grant from Health Resources and Services Administration: Ryan White Part A Covid-19 Response**
Term: April 1, 2020-March 31, 2022
Amount: NA
- 3. Grant from Health Resources and Services Administration: Ryan White Part A**
Term: March 1, 2021-February 28, 2022
Amount: \$10,000
- 4. Grant Amendment from the Tennessee Department of Health: TB Control & Prevention**
Term: July 1, 2020-June 30, 2022
Amount: \$1,459,900
- 5. Grant from the Center for Nonprofit Management: Ending the HIV Epidemic (EHE) Consultant**
Term: April 1, 2021-September 30, 2021
Amount: up to \$16,500
- 6. Grant from the Metropolitan Interdenominational Church: Data Across Sectors Health (DASH)**
Term: April 1, 2021-December 31, 2021
Amount: \$2,500

Dr. Smith made a motion to approve the grants and contracts. Vice-Chair Franklin 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 II).

Dr. Wright provided an update on COVID vaccination metrics. He noted that the 10,000 dose event held at Nissan Stadium went well. Dr. Wright stated that events to provide access to vaccine to underserved and communities of color were ongoing and proving successful and by working with the advisory group the efforts are being continually improved.

Ms. Lester stated that the bureau director position for Diversity, Equity and Inclusion had been posted.

Ms. Lester announced plans to recognize Public Health Week on Friday, April 9.

Ms. Lester said that a team of 12 staff who are persons of color had been assembled to participate in strike team vaccination events in communities of color, in hopes of lessening fears and increasing uptake of the vaccine. Vice-Chair Franklin offered to volunteer at such events.

Ms. Lester said that the Department has partnered with Neighborhood Health and St. Thomas to vaccinate 100% of the homeless population by Memorial Day; nineteen organizations are involved in the effort.

Ms. Lester noted that Beverly Glaze-Johnson is serving as interim director of the Ryan White program, and a finance position in the program is now vacant. The program is now under the oversight of Dr. Joanna Shaw-KaiKai.

Report of Chair and Discussion

Chair Jahangir noted that Davidson County's vaccinated rate, at 18% fully vaccinated, was higher than the statewide vaccination rate, and thanked Department staff for their hard work in helping to achieve the

rate. He said he was very pleased with the increasing vaccination rates of every demographic. He also noted that the Public Health Emergency is set to expire June 30, 2021.

Chair Jahangir said he expected the draft of the Strategic Plan would be presented soon, and asked Board members to share their thoughts. Mr. Frederick suggested that stronger partnerships be developed to address determinants of health and housing, and hoped the focus might be toward developing stronger strategic partnerships in regard to addressing determinants of health.

Dr. Smith encouraged those who had not been vaccinated to consider being vaccinated, and Vice-Chair Franklin initiated a brief discussion regarding the day's news of the Johnson & Johnson vaccine and the reported side-effects and adverse reactions in Colorado. Dr. Wright advised that only two who had received that vaccine from MPHD sites or events had had reactions that required transport to hospital, and their conditions resolved.

Chair Jahangir said he, Ms. Lester, Dr. Wright and Chief Swann had agreed that the Data Sharing policy that had been set in place in 2020 should be discontinued. Dr. Campbell, who had chaired the committee to formulate the Data Sharing policy, concurred.

Review of Board Requests

- Housing Partnerships in Determining the Social Determinants of Health
- Notify the Oversight Committee of end to Data Sharing

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, May 13, 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 4:33 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.

Directors' Update to the Board of Health April, 2021

Protecting Health – Preventing the Spread of Infectious Disease

COVID

Vaccinations

Numbers

Nearly 111,000 Davidson County residents had been fully vaccinated (16 percent of the population) by late last week. About 193,500 had received at least one COVID-19 vaccine (27.8 percent of the population). Since March 1 just under 100,000 residents received a first or single dose of COVID-19 vaccine. We moved to 16+ for eligibility last week.

Special Populations

The Special Populations Team within MPHD's Incident Command Structure for the COVID response continues to complete the goals and aims laid out in the Special Populations Vaccination Plan we drafted and released in January.

- We are ahead of schedule in terms of beginning community-based PODs (points of dispensing, colloquially "vaccine events") since the supply was able to sustain these events sooner than initially thought
- There are currently 48 PODs planned for April, and May is filling up quickly
- PODs are scheduled according to the host site's preferred schedule

Since the end of January and through end of last week (4/3) we will have hosted/conducted 15 educational outreach events geared towards Black/African American and Immigrant & Refugee communities

Since the end of February we will have planned and executed 16 PODs to provide priority access to the minority communities in the Special Populations Vaccine Plan at faith-based organizations, community centers and other appropriate sites

Below is a breakdown of how we've progressed with community-based events as phases and supply have allowed. Note the shift in the types of PODs we've been able to conduct with the quick changes in the vaccine phases per the state's vaccination plan.

Month	# PODs	# Doses/ Month	Types of PODs (percentages are rounded)
January	35	3113	95% DIDD facilities, 5% homeless
February	31	2595	71% DIDD, 13% homeless, 16% low-income senior towers
March (through end of this week, 4/3)	40	5,876 (projected through 4/3)	30% low-income senior towers, 40% religious orgs and community centers for Black and refugee/immigrant communities, 13% homeless, 13% DIDD, 5% Other

Since the New Year our strike team has completed PODs at DIDD facilities, senior residential towers and apartments in low-income and target ZIP codes, MDHA properties, homeless shelters, religious institutions in a variety of minority communities, Metro Parks community centers and venues like Plaza Mariachi and Casa Azafran.

Now that we have completed vaccinating homeless shelters, our team has joined with Neighborhood Health, St. Thomas, Metro Social Services and most other homeless service providers to host PODs at encampments with the goal of allowing every homeless person access to a vaccine by the end of May

- The first PODs begin next week with St. Thomas kicking things off in the partnership, our team's first encampment POD is April 12

Rebecca Moore is coordinating vaccinations to inmates with a subset of the strike team beginning this week and into next week.

Our outreach and strike team coordinators continue to book and plan PODs and educational outreach events and campaigns with the heaviest focus remaining on the Black/African-American communities and refugee & immigrant communities

The team is administering a SharePoint site that provides access to our calendar of events with signup links to other partners in Davidson County who are also conducting mobile vaccine events or helping with outreach

- The intention is for all providers/organizations to be able to better coordinate vaccine distribution with partners across the county
- We've asked others to add their own events to better enhance distribution efforts across the county, but this is not required

Organizations invited to access and participate in this SharePoint site/calendar/coordination include Meharry (Dr. Duane Smoot is POC), VUSN (Pam Jones is POC) and their internal partners, Neighborhood Health, St. Thomas/Ascension, Matthew Walker (Katina Beard is POC), TDH Office of Minority Health, Metro Social Services, Conexion, TIRRC, Siloam, CHEN.

Demographics

AGE: The average age of Davidson County residents with at least one dose is 52 years. Vaccination rate is highest in the age group 75+. The age group with the highest frequency of people with at least one dose is 25-34; 25.5 percent of this population has received at least one dose.

SEX: Close to 59 percent of those with at least one dose are female. Of the Davidson County population, 31.6 percent of females have received at least one dose and 23.7 percent of males have received at least one dose.

RACE: White Davidson County residents have the highest frequency of first/single doses administered and the highest percentage of population vaccinated (26.5 percent); 18.3 percent of Asian Davidson County residents have received at least once dose, and 15.5 percent of Black residents have received at least one dose.

ETHNICITY: Just over 10 percent of Hispanic Davidson County residents have received at least one dose, and 26 percent of non-Hispanic residents have received at least one dose.

AVERAGE: The 7-day moving average of total doses administered to Davidson County residents is 5,091 doses a day. Since March 1, this has increased by 26.6 percent.

REPEAT CUSTOMERS: Of all Davidson County residents vaccinated with Moderna or Pfizer, 92 percent returned for their second dose.

Orders

Order 13 was issued effective March 26, a continued gradual relaxation of restrictions on capacity and hours of operation. We took the opportunity to review the year-long accretion of requirements and stipulations contained in the Order, which had developed some redundancies over time and cleaned that up. We also removed some of the stipulations placed in the Orders early on that the medical and epidemiological team felt were no longer merited, such as requiring temperature checks for entry to buildings. We stopped doing that at MPHD buildings the following week.

Schools

We are continuing to expand the School Nurse program. We currently have 115 assigned school nurses. Sixty-five are MPHD nurses and 50 are agency nurses. Some efforts have been hampered by nurses leaving the program (both MPHD and agency) usually due to family circumstances. Looking ahead we are starting to plan for the expanded summer school (70 schools).

Rapid Testing wrapped up after the state basketball tournament ended in mid-March. The nurses did more than 2,700 tests on athletes and coaches in February alone. Data are not yet compiled for March.

EPI/CASE UPDATE:

Davidson's moving average of new cases remain relatively stable. However, as of a week ago we had seen a slight increase of 1.9 percent in the previous week and an increase of 17.6 percent over the previous two weeks. Those increases followed our lowest moving average number of cases per day since October. Our seven-day percent positive is 4.7 percent, a slight decline from the past week but a 27 percent increase from that reported two weeks ago. Testing is also slightly declining. The moving average number of tests performed per day has decreased by nearly 12 percent from the level reported two weeks prior.

Cases with March 2021 specimen collection dates follow demographic patterns similar to our overall cases.

AGE: The average age of March 2021 cases is 35.9 years old, 1.9 years younger than our overall average. Incidence is highest for March 2021 cases in the age group 18-24, but the highest frequency of cases come from the group 25-34.

SEX: March 2021 cases are roughly 50 percent male and 50 percent female.

RACE: Of March 2021 cases, 53.3 percent are White, 19.2 percent are Black, 6.7 percent are Multi/Other, 2.7 percent are Asian, and the rest are pending or unknown.

ETHNICITY: Unknown and pending ethnicity accounts for 43.9 percent of March 2021 cases; 49.8 percent are non-Hispanic and 6.3 percent are Hispanic.

Case investigation is now back to a hybrid model of automated text interviews and person-to-person interviews by investigators. Of cases interviewed with specimen collection dates in

March, the most common exposures reported were workplace (26.4 percent), household contact (24.5 percent), school (11.8 percent), and social/community (6.8 percent).

Improving Health – Community Partnerships

Violence

MPHD considers violence as a public health crisis. As part of our on-going effort to understanding the topology of violence in Davidson County, we have redoubled our efforts to identify national best practices and establish working relationships with local community organizations involved in “violence prevention.” We have learned that an effective “violence prevention” strategy, especially in a public health context, includes: Interruption – street level and hospital-based interrupters; Intervention – providing educational attainment, housing and employment opportunities; and Prevention -- skill development and opportunities.

In Nashville, historically and generally, we have focused our attention on juvenile justice programs and activities, policing gang violence and mitigating gun violence. Within the past few years a local organization working in North Nashville, Gideon’s Army, has employed violence interrupters with some success. We have been working with Gideon’s Army, the Mayor’s Office and other partners to create and promote a city-wide plan and a hospital-based violence interruption plan. Each are intended to increase our ability to address those impacted by violence, to connect people impacted by violence with resources and opportunities; and to teach broader conflict resolution skills.

Organizational Updates

Budget

The hiring and promotions freeze on local positions implemented in September has been lifted. Frontline public health and safety positions were exempted from the freeze, so some of our positions were allowed to be filled.

On March 25, we had our budget meeting with representatives from the Mayor’s Office and the Finance Department. Those on the call thanked the department for the work done in the last year, both COVID-specific as well as our continuing to perform all our other services and activities despite the challenges brought about by the pandemic .

In the meeting, we were asked to discuss our budget asks. The department had one major ask – an electronic health record. In the call, we detailed that we are at the point of an EHR being a need more than a want and how much more efficient our clinical operations would be with one. They seemed receptive to the requests and understanding of our need. We were also asked to discuss our proposed cuts amounting to 2 percent of our local budget, a required part of our budget submission in an effort to look at potential organizational efficiencies. Again, they were receptive to our explanations and our request not to cut our budget at all, especially as we noted that two of our requests outside of the 2 percent involved downgrading a couple of positions.

Environmental Health Services

After nearly 37 years of service to the Metro Public Health Department, Steve Crosier is retiring effective April 9. Steve, a Tullahoma native, began his career at MPHD in 1984, two years after graduating from the University of Tennessee. For the last few years he has served as director of the Food and Public Facilities Division. Steve was instrumental in the passage of the Tennessee Food Safety Act of 2015, when he served on a committee of state and local government officials, legislators, and food service industry

representatives to update the Tennessee food safety law by basing it on the standards of the FDA Food Code. He was also an early supporter of the Tennessee Non-Smoker Protection Act and worked with field staff to ensure its implementation in Davidson County. Steve is known within the Bureau for being extremely knowledgeable of the regulations of all Environmental Health programs but is most respected for his fair and even-handed approach to the supervision of employees. Steve's institutional knowledge and concern for the public's health will be sorely missed.

Strategic Plan and Public Health Accreditation

The MPHD Strategic Plan draft document is completed and will be formatted and copy-edited for final review by the Executive Leadership Team. The draft includes all content required by the Public Health Accreditation Board. We anticipate the final draft will be ready for Board of Health review by the end of April.

The department's progress to submission of the required Public Health Accreditation documentation is on track. We continue to work to identify or develop documentation for three measures. For eight measures, we have begun creating the final documentation and anticipate our internal PHAB quality assurance team will begin review next week. We anticipate submitting the requested revisions before the August 2021 deadline, with a goal of submitting by the end of June.

Data Sharing

During March the emergency communications center (ECC) dispatch system for emergency/911 and police non-emergency calls queried the MPHD COVID testing database 89,773 times (average 2,896 queries per day). A positive result indicating a recent COVID test positive was returned for 2,190 of those queries (2.4%). No separate queries were made by MNPD in February.

As prompted by discussion during the March board meeting, we will provide additional details about the system, as follows. The ECC queries are for all emergency and non-emergency calls, involving both MNPD and NFD. Police, fire, and other first responders are informed of COVID-positive situations by ECC dispatch at the beginning of a response, and further queries later in the response to a situation are not typically necessary. In conversation with police leadership, we understand that they are encouraging adherence to COVID precautions regardless of a person's known COVID status, and most officers do not feel the need for further inquiry or concern.

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

Data and Surveillance

Suspected Fatal Drug Overdoses

- Through mid-March, there have been 138 suspected drug overdose deaths in 2021.
- Fentanyl has been detected in 72% of toxicology reports in 2021 (77% in 2020).

Drug Overdose-related Emergency Department (ED) Visits

- There have been 545 overdose-related ED visits at local hospitals in 2021 (+16% compared to the same time period last year).

Suspected Drug Overdoses Requiring EMS Response

- There have been 1,117 suspected overdoses requiring EMS response in 2021 (-2% compared to the same time period last year).

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 was held on 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.

Media

Social Media Panel - Date TBD

- Panel will include subject matter experts to interface with the community and discuss multiple aspects of the drug overdose crisis

WKRN Story - Overdose Crisis in Nashville

- <https://www.wkrn.com/news/local-news/report-davidson-co-one-of-the-most-concentrated-areas-for-overdoses-in-the-state/>

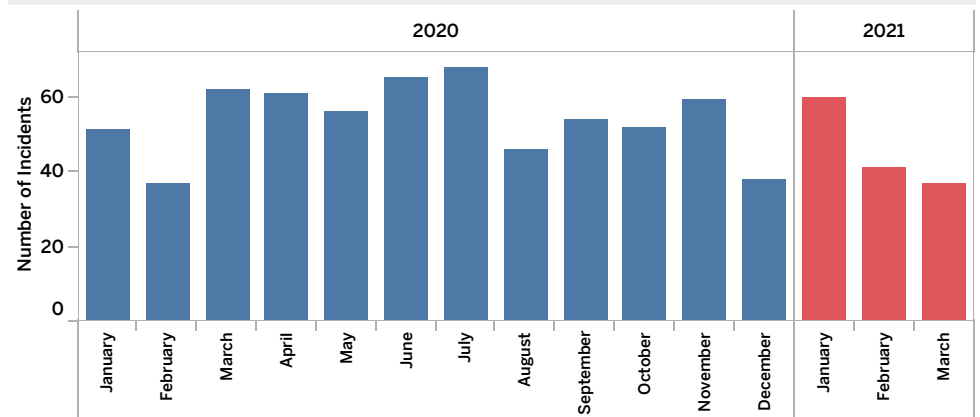
WSMV Story - Overdose Crisis in Nashville

- https://www.wsmv.com/news/opioid-crisis-escalates-in-nashville/article_09739be8-8b4f-11eb-8b0d-17320e1cb1f1.html

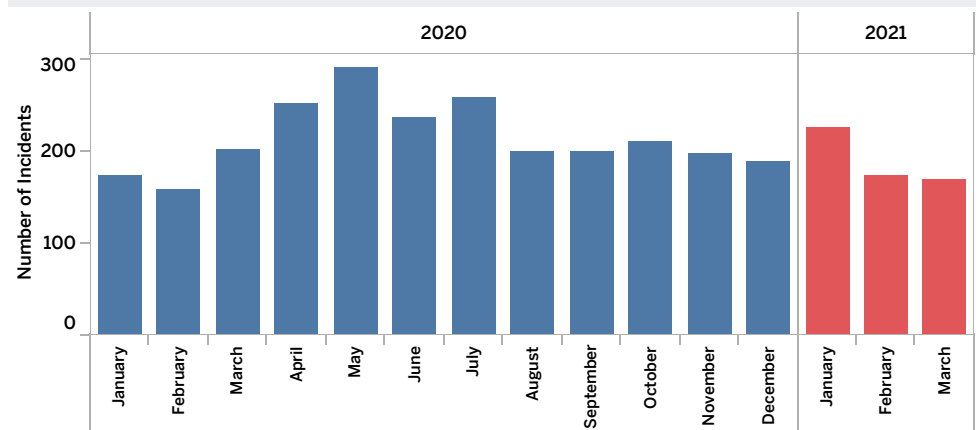
WSMV Story - Post-Overdose Follow Up by Nashville Fire Department EMS and Mental Health Cooperative

- https://www.wsmv.com/video/nashville-fire-department-uses-new-tactic-to-combat-opioid-crisis/video_9cb030f7-9997-553c-a8a4-95a299b42a07.html?block_id=665663

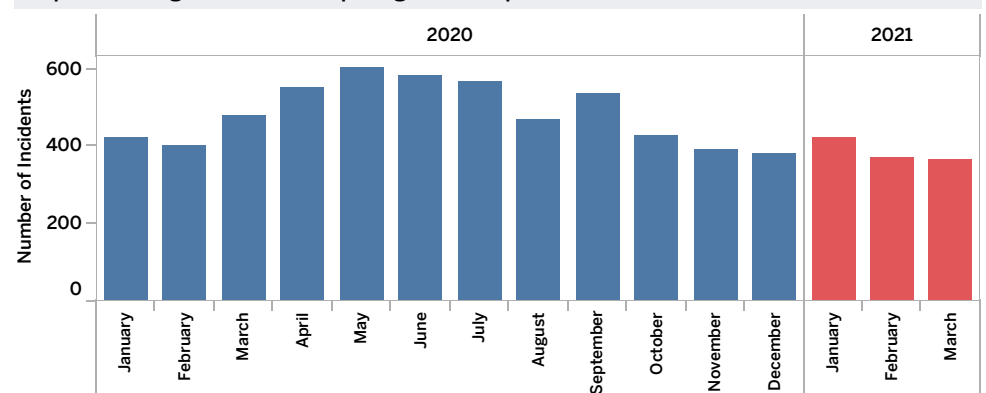
Suspected Fatal Drug Overdoses



Drug Overdose-related ED Visits



Suspected Drug Overdoses Requiring EMS Response



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



If you have any questions, please contact:

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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 March 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 December 2020-March 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		Feline		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date: 03/01/2021)	45	3	22	26	96
Intake					
Stray at large	158	20	18	20	216
Relinquished by owner	34	8	14	0	56
Owner requested euthanasia	1	0	1	0	2
Transferred in from agency	0	0	0	0	0
Other Intakes	8	2	7	0	17
TOTAL INTAKE	201	30	40	20	291
Outcomes					
Adoption	51	3	16	7	77
Returned to owner	57	2	8	0	67
Transferred to another agency	43	15	13	6	77
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	151	20	37	13	221
Died in care	0	0	0	0	0
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	16	0	4	0	20
Owner requested euthanasia	0	0	0	0	0
TOTAL OUTCOMES	167	20	41	13	241
Ending Shelter Count (date: 03/31/2021)	73	16	31	26	146
SAVE RATE:	92.04%	100.00%	90.00%	100.00%	93.13%