

**Metropolitan Board of Health of Nashville and Davidson County
May 13, 2021, Meeting Minutes**

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Alex Jahangir at 4:00 p.m. in the Board Room, on the third floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville, TN 37209.

Present

A. Alex Jahangir, MD, Chair
Tené H. Franklin, MS, Vice-Chair
Thomas W. Campbell, MD, Member
Carol Etherington, RN, 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
Celia Larson, PhD, Director of Strategic Planning, Performance and Evaluation
Tom Sharp, Policy Director and Government Liaison
Dia Cirillo, Senior Policy Advisor, Office of Mayor John Cooper
Derrick Smith, JD, Metropolitan Department of Law

BOARD OF HEALTH

Approval of April 8, 2021, Meeting Minutes

Vice-Chair Franklin made a motion to approve the April 8, 2021, meeting minutes, as distributed. Dr. Campbell seconded the motion, which passed unanimously.

Discussion of Declaration of Public Health Emergency

Chair Jahangir noted that the current declaration of Public Health Emergency was set to expire at the end of June and gave a brief update of the city's COVID statistics. He requested that re-evaluation of the declaration of Public Health Emergency be added to the June meeting agenda.

Approval of Grant Applications

Jim Diamond presented one application:

Centers for Disease Control and Prevention Community Health Workers for COVID Response and Resilient Communities

Term: August 2021-July 2024
Amount: \$1,050,000 to \$9,000,000

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

Approval of Grants and Contracts

Jim Diamond presented six items:

- 1. Grant from the Tennessee Department of Health - Community Health Access & Navigation in Tennessee (CHANT)**
Term: July 1, 2021-June 30, 2022
Amount: \$1,944,100
- 2. Grant from the U.S. Environmental Protection Agency – Air Pollution 103 Grant Amendment**
Term: April 1, 2020-March 31, 2022
Amount: \$130,000

- 3. Contract Amendment with the Tennessee Department of Health – Arbovirus Testing of Mosquito Samples**
Term: March 1, 2021- February 28, 2022
Amount: \$10,000
- 4. Grant from Friends of Metro Animal Care & Control – Emergency Medical Fund Donation**
Term: NA
Amount: \$2,500
- 5. Contract with the Safety Net Consortium of Middle Tennessee Collaboration & Participation Agreement**
Term: July 1, 2020-June 30, 2021
Amount: NA
- 6. Contract with Boehringer Ingelheim Animal Health USA Inc. – Partners in Participation Shelter Program Agreement**
Term: April 18, 2021-January 31, 2022
Amount: NA

Ms. Etherington made a motion to approve the grants and contracts. Vice-Chair Franklin seconded the motion, which passed unanimously.

Behavioral Health Crisis Response Initiative

Dia Cirillo, Senior Policy Advisor in the office of Mayor John Cooper, presented a proposal regarding the Behavioral Health Crisis Response Initiative (Attachment I).

Discussion of Draft Strategic Plan

Ms. Lester presented a draft of the MPHD Strategic Plan 2021-2025 (Attachment II). Dr. Jahangir invited Board members to review the draft and offer suggestions to Ms. Lester directly, or bring their comments to the June meeting for discussion.

Report of Interim Directors

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

Dr. Wright stated that the ACIP approved the day before the Pfizer vaccine for the 12-15 year old age group, and it was now being offered. He also said the vaccine could now be administered with other vaccines without having to be separated by days or weeks, and combining COVID vaccinations clinics with Back-to-School immunization efforts would be considered.

Dr. Jahangir expressed his gratitude for the outstanding COVID vaccination efforts by the mobile teams.

Ms. Lester shared an article from the May 4, 2021, Tennessee Lookout website, about housing and the social determinants of health: [Housing may be key to high infant mortality numbers in Tennessee;](https://tennesseelookout.com/2021/05/04/housing-may-be-key-to-high-infant-mortality-numbers-in-tennessee/) <https://tennesseelookout.com/2021/05/04/housing-may-be-key-to-high-infant-mortality-numbers-in-tennessee/>.

Ms. Lester advised that interviews for the position of director of the Diversity, Equity and Inclusion bureau would be scheduled soon, and said she was hopeful she would have more information soon about funding for staff for the bureau.

Report of Chair and Discussion

Chair Jahangir expressed excitement about the forward progress of the Department, and highlighted some of the previous reports, regarding the Diversity, Equity and Inclusion bureau director position and team, which has been discussed by the Board for a long time; the Behavioral Health Crisis Response Initiative and its importance to the Department, and that he hoped within the upcoming months to discuss

long-term plans such as Accreditation by fall, going forward with the bylaws work; and discussion about leadership.

Review of Board Requests

- Add Re-evaluation of Public Health Emergency to June meeting agenda

CIVIL SERVICE BOARD

Approval of Out of Class Pay

Mr. Diamond requested the Board approve extension of out of class pay beyond May 19, for Dr. Fonda Harris, who is serving as Diversity, Equity and Inclusion bureau director.

Ms. Etherington made a motion to extend out of class pay for Dr. Fonda Harris. Dr. Campbell seconded the motion, which passed unanimously.

Approval of Fiscal Year 2022 Pay Plan

Mr. Diamond presented the Fiscal Year 2022 Pay Plan (Attachment III) and requested Board approval.

Dr. Smith made a motion to approve the Fiscal Year 2022 Pay Plan as presented. Vice-Chair Franklin seconded the motion, which passed unanimously.

Discussion of Administrative Leave for Department Employees Involved in the COVID Response

Chair Jahangir proposed thanking employees of the Department for their hard work and efforts in the COVID response. He said he and Mayor Cooper had discussed the issue several times and Mayor Cooper supported a week of paid administrative leave for employees who had been involved in the response. He hoped the leave would reflect the city's gratitude for everything that staff had done.

Chair Jahangir made a motion to direct Dr. Wright and Ms. Lester to grant all Metro Public Health Department employees of record as of February 1, 2021, one week (five days) of paid administrative leave, using the Metro Public Health Department's usual leave approval process, available to those employees through the end of Metro's Fiscal Year 2022 (June 30, 2022). Dr. Campbell seconded the motion, which passed unanimously.

Personnel Changes

Mr. Diamond presented the April 2021 Personnel Changes. He recognized Joe Cottle for all his work during the past year.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, June 17, 2021 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209. The meeting was rescheduled from the second Thursday of the month due to scheduling issues.

The meeting adjourned at approximately 4:52 p.m.

A. Alex Jahangir, MD, MMHC, FACS
Chair

Behavioral Health Crisis Response Initiative (BHCRI)

Thursday, May 13, 2021
Presentation to the Nashville Board of Health
Prepared by Dia Cirillo
Senior Policy Advisor, Office of the Mayor John Cooper



Behavioral Health Crisis Response Initiative

- \$1 million in one-time funds from state grant monies
- Recommended for MPHD Division of Behavioral Health and Wellness

50/50 Split	
Capacity Building	Pilot Projects
Behavioral Health Needs Assessment of Davidson County will assess the current capacity of behavioral health services across the county. BHNA will also gauge the level of behavioral health equity by identifying the presence of practitioners of color.	<ul style="list-style-type: none">• New approaches to crisis response that address overdoses, mental health crises and youth in crisis• Serve to divert from involvement with the criminal justice system and facilitate immediate connections to appropriate care
Investment in two epidemiologists to understand the population in mental health/substance use crisis that presents to first responders, the criminal justice system and emergency rooms and how best to redirect them to care	

Community Safety Partnership

- \$3 million (including \$1 million for BHCRI)
- Hired Community Safety Coordinator, Ron Johnson
- Announced Advisory Council, Community Safety Partnership Fund
- Grassroots funding of group violence prevention and intervention, and related support services

MPHD's Role in Shaping Priorities in Crisis Response

Community Mental Health Systems Improvement Network

Major Accomplishments



Crisis continuum

- Recommended 24/7 CTC
- Secured FY17 PIP

- Mental Health Coop funded at \$427,000 for CTC from MPHD

- Secured state capital funding of \$2.6 million for 24/7 CTC
- Annual funding of CTC

- Mental Health Coop opened new facility 24/7 CTC
- Annual funding of CTC

- Annual funding of CTC

Countywide Policy & Programming

- Established trauma-informed systems coordinator position

- Established Mayor's Behavioral Health and Wellness Advisory Council (BHWAC) by executive order

- BHWAC recommended Behavioral Health Needs Assessment

- BHWAC issued positions on CARES Act funding; co-response model and other issues related to the Policing Policy Commission

Initiative Governance

- Launched 8-pillar initiative framework; 40 stakeholders involved

- Launched collective impact CMHSI Workgroup; over 20 stakeholders involved

- Awarded Catalyst grant from Center for Nonprofit Management

- Restructured CMHSI to focus on reducing behavioral health crises in the county
- Over 20 organizations involved

24/7 Crisis Treatment Center Performance Measures

	FY18	FY19	FY20	FY21 **
Police Initiated Referrals	828	959	1018	759
Police average wait time (Minutes)	97	29	16	14
Police wait time (median in Minutes)	*	14.5	8	8
Walk-in center admissions	1594	2428	2946	2006
% of Uninsured Served in CTC	56%	63%	62%	72%

* *did not capture this data in FY18*

***data as of March 2021*

Source: MPHD, Mental Health Cooperative PIP Fiscal Year 21 Quarterly Reports

Mayor's Additional FY 22 Investments in Behavioral Health

- \$1.25 million to expand support for the 24/7 CTC and the Crisis Stabilization Unit (FY22 Budget)
- ~\$500,000 to launch the MNPD Co-Response Pilot (ARP)

When real-time data analysis makes a difference

NFD – EMS Psychological Disturbances 911 Calls
January – April 30, 2021

TRANSPORTS

1808

Transports to
Emergency Rooms

43% / 785

Transports of
Patients Driven
More than Once

PATIENTS

1246

Patients taken to
Emergency Rooms

.7% / 9

Required 152
Transports

.08% / 1

Required 43
Transports

COST

~\$675

Per Transport
\$135 TENNCare Reimbursement
\$150 Medicare

Roles for MPHD (BHW)

Health in All Policies

- Convenor of internal and external stakeholders (Metro Departments and external organizations)

Health Strategist

- Data-to-action platforms that draw on real-time data analysis from multiple data sources, including PHI and other administrative data
- Action planning for service enhancements
- Grant allocations and management

THANK YOU

Dia Cirillo, Senior Policy Advisor

Dia.Cirillo@Nashville.gov

o: 615-862-6340

c: 615-9275485

Directors' Update to the Board of Health May, 2021

Protecting Health – Preventing the Spread of Infectious Disease

COVID

Vaccinations

Numbers

As of May 2, the CORE team had provided 108,113 vaccines between three distribution sites at Lentz, Five Points clinic in East Nashville, and the Music City Center. We are set to end operations at MCC on May 28. In addition, the MPH Strike Team has vaccinated more than 17,000 people at events across the county. We thank the MPH staff, temporary nursing staff, FEMA/Forestry division, Hands on Nashville and Music City Center for all of the effort put into providing the COVID-19 vaccine to Davidson County. These efforts continue. The drive-through vaccination site on Murfreesboro Road will remain in operation, as will the Strike Teams and other efforts. The temporary workers from MCC will be shifted to the mobile teams.

We are beginning a program to vaccinate homebound residents, and looking to accommodate the expansion of the Pfizer vaccine to 12-15 year-olds.

By last week, 42 percent of the entire Davidson County population has received at least one dose of vaccine.

Clinical Services will focus on delivering vaccines to school age children now through the end of September. Clinical Services leadership has developed schedules to allow for extended hours at all three clinic sites to further accommodate children and families.

Demographics

We continue searching out the hard-to reach populations for vaccination. With the expected approval of the Pfizer vaccine for 12-15-year-olds we expect to have weekend events here at Lentz in the coming weeks for that group. We also are working with the colleges and universities in town to reach their students, who have the lowest uptake among fully eligible age groups. Among those 55 and over the rates per 100,000 people are 50,077 for Blacks, 51,195 for Asian and 55,911 for White. The plan is to continue the Strike Team/mobile unit events through at least September.

Investigations

CDC still mandates case-based investigations and cluster follow-up for many settings. Contact notification still is required, but active monitoring of cases and contacts is not. Daily reporting continues. Since the end of February, we have seen an average 115-130 new cases per day. We are doing in-person investigation for between 65 percent and 75 percent of those.

Orders

All director's orders, with the exception of the mandatory indoor mask order, will expire overnight tonight. We are striving to make it clear this does not mean all danger from the virus has passed, but that the public health intervention has shifted from behavioral restrictions to getting the vaccine. This decision was based on the supply of vaccine exceeding the demand for it. At that point the intervention shifted. For the record we have issued, as of last week, 44 Orders over the course of the response.

Schools

We are preparing for end-of-the-year activities at MNPS, and for the upcoming expanded summer school sessions. School Nurse Day was celebrated yesterday. Nicole Boyle with MNPS bought box lunches for the nurses. The supervisors, Michelle and Lisa did the deliveries.

Currently we have 46 agency nurses in place and are looking forward to gearing up during the summer with both MPHD hiring and on-boarding more agency nurses.

Organizational Updates

Budget

Mayor Cooper has submitted his proposed operating budget for Fiscal Year 2022 to Metro Council.

The Mayor recommended improvements to the Pay Plan, including a 2% cost of living raise, as well as step and open range increases for those who qualify. The proposed budget recommends 3% open range adjustments. The reinstatement of longevity pay also is recommended after being suspended last year.

In the Civil Service portion of today's meeting, Jim Diamond will request the Board's approval of the proposed FY22 Pay Plan.

Funding for an electronic health record – something we have requested for the last several years and which, incidentally, would have been hugely helpful to have had over the last year – is included in the recommended budget.

Funding for crisis treatment and crisis stabilization through the Mental Health Co-op also is recommended.

Recommended staffing increases include:

- A nurse informaticist or equivalent as part of the EHR implementation and administration
- One additional Animal Care and Control field officer
- Three program specialists to work in the newly created Bureau of Equity, Diversity, and Inclusion

Combined, the above items result in an increase of approximately \$1,650,000 to MPHD's local budget.

As part of our budget submission process this year, we were asked to submit potential cuts amounting to 2% of our local budget. None of those cuts were included in the Mayor's budget.

The Mayor's budget is subject to change as it moves through the Metro Council approval process. The new fiscal year begins July 1.

Strategic Plan and Public Health Accreditation

You have the draft Strategic Plan in your packets.

Regarding accreditation: The department's progress to the submission of the required documentation is on track. We continue to identify or develop documentation for three measures. For eight measures, we have begun to create the final documentation, and anticipate our internal PHAB quality assurance team to begin the review next week. We are hopeful that we will submit the requested revisions prior to the August 2021 deadline with a goal of submitting by the end of June.

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

Data and Surveillance

Suspected Fatal Drug Overdoses

- Through April 24, there have been 220 suspected drug overdose deaths in 2021 (+12% compared to the same time period last year).
- Fentanyl has been detected in 77% of overdose-related toxicology reports in 2021 (77% in 2020).

Drug Overdose-related Emergency Department (ED) Visits

- There have been 828 overdose-related ED visits at local hospitals in 2021 (+12% compared to the same time period last year).

Suspected Drug Overdoses Requiring EMS Response

- There have been 1,729 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 in March 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).

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.

Data-to-Action with Local Homeless/Housing Partners

- Currently collaborating and implementing data-to-action activities with local homeless/housing partners surrounding the overdose crisis.

Acute Overdose Response with Local Homeless/Housing Partners

- In early April, OORRP social worker, Brigid Vingan, led an acute response in collaboration with local partners resulting from the detection of anomalous overdose activity detection by the OORRP drug overdose surveillance system.

Appalachia High Intensity Drug Trafficking Area (HIDTA) Data Brief

- Provided data brief regarding synthetic opioids in Nashville to Appalachia HIDTA Director as part of the Commission on Combatting Synthetic Opioid Trafficking in Washington D.C.

Fentanyl Test Strip Distribution

- Through recognizing the value of harm reduction from using fentanyl test strips and via collaboration with the Office of the District Attorney and Metro Nashville Police Department, possession of fentanyl test strips (FTS) will not be prosecuted as a drug paraphernalia charge unless possession is accompanied with possession of additional drugs in Davidson County. This will also allow for distribution of FTS by local prevention partners.

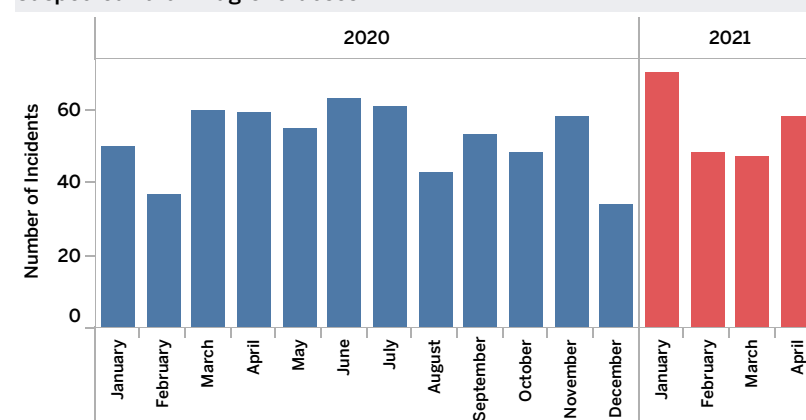
Media

Social Media Panel - Date TBD

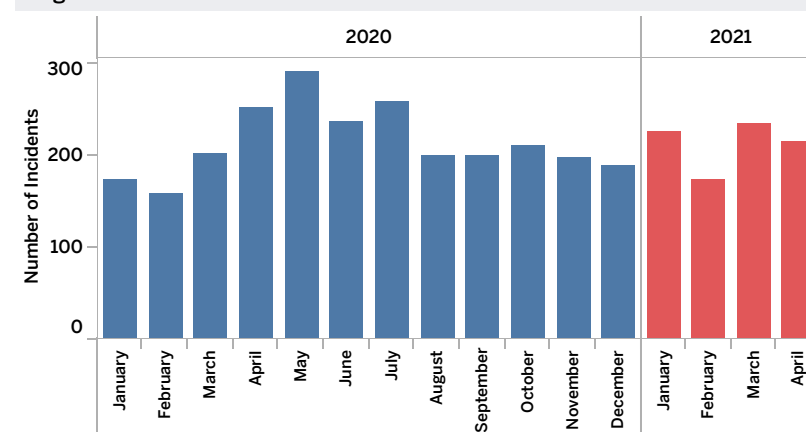
- Panel will include subject matter experts to interface with the community and discuss the drug overdose crisis

FOX 17 WZTV Story - Overdose Crisis in Nashville - To be released in May 2021

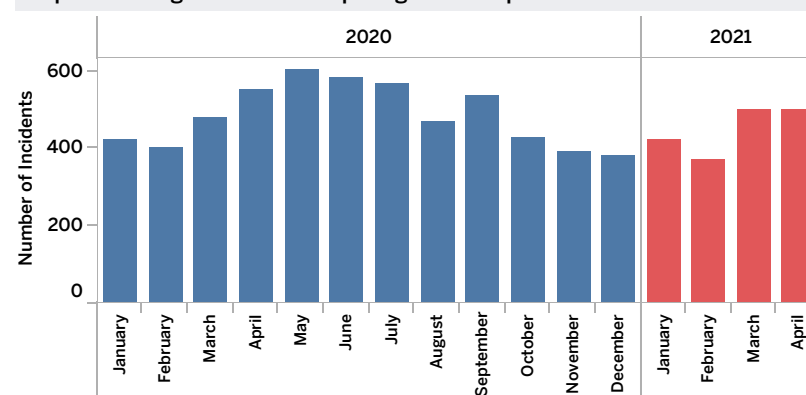
Suspected Fatal Drug Overdoses



Drug Overdose-related ED Visits



Suspected Drug Overdoses Requiring EMS Response



Update: Drug Overdose Epidemic in Davidson County, TN May 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
Phone: 615-340-0392

Bridget Del Boccio | Coordinator

Opioid/Overdose Response & Reduction Program
Metro Public Health Department of Nashville/Davidson County
Email: bridget.delboccio@nashville.gov
Phone: 615-340-8614

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 April 28, 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 January 2021-April 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: 4/01/2021)	73	16	31	26	146
Intake					
Stray at large	139	22	25	25	211
Relinquished by owner	18	2	8	0	28
Owner requested euthanasia	4	0	0	0	4
Transferred in from agency	0	0	0	0	0
Other Intakes	7	1	3	7	18
TOTAL INTAKE	168	25	36	32	261
Outcomes					
Adoption	64	7	14	12	97
Returned to owner	70	1	2	0	73
Transferred to another agency	35	17	16	15	83
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	169	25	32	27	253
Died in care	0	0	0	0	0
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	16	0	6	0	22
Owner requested euthanasia	3	0	0	0	3
TOTAL OUTCOMES	188	25	38	27	278
Ending Shelter Count (date: 4/30/2021)	61	14	33	21	129
SAVE RATE:	90.30%	100.00%	83.33%	100.00%	91.47%

RESOLUTION NO. RS _____

A resolution adopting a new pay plan for employees of the Metropolitan Board of Health, effective July 1, 2021.

WHEREAS, the Metropolitan Board of Health, acting in its official capacity as a Civil Service Commission has, pursuant to Sections 12.09 and 12.10 of the Metropolitan Charter, assigned each employment classification to a salary grade as of July 1, 2021, with such assignments being equitably related to each other; and,

WHEREAS, the Board of Health's Civil Service Commission has adopted the salary ranges for each grade; and,

WHEREAS, the Director of Personnel for the Board of Health has recommended, after the Commission's approval, desirable salary ranges for each grade to the Director of Finance; and,

WHEREAS, pursuant to RS2020-359 (as amended), a pay plan was approved by the Metropolitan Council to go into effect on July 1, 2020; and,

WHEREAS, the pay plan that was adopted pursuant to RS2020-359 (as amended) did not include increment pay increases that are normally earned at various time intervals; and,

WHEREAS, it is the recommendation of the Board of Health's Civil Service Commission for these increment increases to be reinstated; and,

WHEREAS, the pay plan that was adopted pursuant to RS2020-359 (as amended) did not include provisions to fund merit pay increases for employees compensated pursuant to open-range pay grades; and,

WHEREAS, it is the recommendation of the Board of Health's Civil Service Commission that employees, who are paid pursuant to open pay ranges, be eligible, at the discretion of the employee's Appointing Authority, to receive merit pay increases; and,

WHEREAS, the Board of Health's Civil Service Commission recognizes that the pay scales included in the pay plan adopted pursuant to RS2020-359 (as amended) should be modified by applying a cost of living increase in the amount of 2% as of July 1, 2021; and,

WHEREAS, pursuant to Sec. 12.10 of the Metropolitan Charter, the recommendations of the Board of Health's Civil Service Commission were forwarded to the Director of Finance for his consideration; and,

WHEREAS, the Director of Finance has approved all the recommendations of the Board of Health's Civil Service Commission and forwarded the same with a statement of full budgetary implications to the Mayor for his approval; and,

WHEREAS, the Mayor approves the plan presented to him by the Board of Health’s Civil Service Commission and the Director of Finance and recommends its adoption by the Metropolitan County Council.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1: The pay plan adopted pursuant to RS2020-359 (as amended) and which went into effect on July 1, 2020, for the employees of the Metropolitan Board of Health, from and after July 1, 2021, shall be as provided in Exhibit “A”. Exhibit “A” reflects:

- A 2% cost of living increase to the pay tables.
- Reinstatement of step increases for FY22.

Exhibit “A” is incorporated into this Resolution as if fully set out herein.

Section 2: The pay plan adopted pursuant to RS2020-359 (as amended) and which went into effect on July 1, 2020, for the employees of the Metropolitan Board of Health, from and after July 1, 2021, shall include additional funding to in the amount of 3% of the department’s total annual open range salary budget so that employees in open range pay classifications will have the opportunity to receive merit based salary increases, at the discretion of the Appointing Authority, as reflected in Exhibit “A”. Eligibility for Open Range salary increases for FY22 will become effective as of July 1, 2021.

Section 4: Upon the adoption of the pay plan attached as Exhibit “A” and upon it becoming effective, the pay plan adopted pursuant to RS2020-359 (as amended) is hereby repealed.

Section 5: This Resolution shall take effect on July 1, 2021, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

RECOMMENDED BY:

INTRODUCED BY:

Les Bowron, Director of Personnel
Metropolitan Health Department

Dr. Alex Jahangir
Chair, Metropolitan Board of Health

Members of Council

APPROVED AS TO AVAILABILITY
OF FUNDS:

Kevin Crumbo, Director
Metropolitan Department of Finance

APPROVED AS TO FORM
AND LEGALITY:

A handwritten signature in blue ink that reads "Wm. Michael Sofley". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Metropolitan Attorney

APPROVED AND RECOMMENDED TO THE
METROPOLITAN COUNTY COUNCIL FOR
ADOPTION:

John Cooper
Mayor
Metropolitan Government of Nashville
and Davidson County