Metropolitan Board of Health of Nashville and Davidson County August 12, 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 4:06 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 Carol Etherington, RN, Member David 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

Derrick Smith, JD, Metropolitan Department of Law

BOARD OF HEALTH

Approval of July 15, 2021, Meeting Minutes

Mr. Frederick made a motion to approve the July 15, 2021, meeting minutes, as distributed. Dr. Smith seconded the motion, which passed unanimously.

Approval of Grant Applications

There were no grant applications.

Approval of Grants and Contracts

Jim Diamond presented four items:

1. Contract with Neighborhood Health

Term: July 1, 2021-June 30, 2022

Amount: \$355,200

2. Grant from the Tennessee Department of Health - Healthy Start Home Visiting

Term: October 1, 2021-June 30, 2024

Amount: \$48,000

3. Contract with the Tennessee Department of Human Services – Childcare Agency Immunization

Audits

Term: October 1, 2021-September 30, 2022

Amount: \$180,800

4. Grant from the Tennessee Department of Health – Women, Infant and Children

Term: October 1, 2021-September 30, 2024

Amount: \$14,740,200

Ms. Etherington 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 I).

Dr. Wright reported that COVID numbers continue to rise.

Ms. Lester advised that interviews for the deputy director position have begun.

Ms. Lester introduced Dr. Stephanie Kang, who joined the Department as director of the Health Equity bureau on July 26.

Ms. Lester said the documentation for PHAB Accreditation would be submitted the week of August 16.

Ms. Lester said the Board's requested adjustments to the Strategic Plan have been completed and it has been finalized. The related Operational Plan and Workforce Development Plan will begin in September and she hoped would be presented to the Board as early as the October meeting, or November.

Ms. Lester announced that she had been pleased to be in attendance as three staff had been recognized at the Mayor's Service Awards on Wednesday, August 11: Jamie Cooper (35 years), and Diedra Freeman and Yvette Parks (both 30 years).

Report of Chair and Discussion

Chair Jahangir:

- Announced he expected the new Board member would be announced and confirmed by Metro Council soon, perhaps by the next Board meeting;
- Said the contract approved by the Board to engage Dr. Wright as Director of Health would be presented to Metro Council the week of August 16;
- Advised elections for Board chair and vice-chair would be held at the September 9, 2021, meeting, and information about the nomination process would be forthcoming from Derrick Smith;
- Expressed his thanks and admiration to Department staff and security staff for their sustained efforts over the pandemic; and
- Asked Vice-Chair Franklin to provide an update on the metrics for Dr. Wright's performance evaluations, which she had volunteered to help develop. She anticipated sharing a draft document for review at the September 9, 2021, meeting.

Review of Board Requests

- Current and future updates on the opioid crisis response and dashboard on it and other issues.
- High-profile issues be shared in a monthly report, and that as leadership meets with individual Board members be cognizant of sharing topics with other Board members.
- Reinstate the exit interview process in an equitable manner.

CIVIL SERVICE BOARD

Chair Jahangir opened and closed the Civil Service Board meeting.

Public Hearing Requesting Change to the Pay Plan Regarding Interpreter Series

Chair Jahangir opened the public hearing.

Chair Jahangir invited comments on the proposed changes.

Jim Diamond requested approval of proposed changes to the Department's Interpreter Series pay grades (Attachment II).

Dr. Smith made a motion to approve the changes as proposed to the Department's Interpreter Series pay grades. Mr. Frederick seconded the motion, which passed unanimously.

Chair Jahangir closed the public hearing and reopened the Civil Service Board meeting.

Personnel Changes

Mr. Diamond referred to the July 2021 Personnel Changes.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, September 9, 2021 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209.

The meeting adjourned at 4:38 p.m.

A. Alex Jahangir, MD, MMHC, FACS Chair

Directors' Update to the Board of Health August, 2021

Protecting Health – Preventing the Spread of Infectious Disease

COVID

Vaccinations

We have a seven-day moving average of 190.3 new cases per day as of ???. The last time this average was that high was at the end of January. It is the same average we had in the middle of October last year.

The MPHD Strike Teams have been to 375 events all across the county and administered 21,584 doses of vaccine.

The drive-through testing and vaccination site on Murfreesboro remains open and plans at this point are to keep it open at least through the end of the year. The vaccination demand had slowed to around 30 to 40 per day at that location, but we have seen a few better days since the case numbers started to tick up.

On August 4 we had reported 337,649 Davidson County residents fully immunized, or 48.6 percent of the total population. More than half of Davidson County residents (53.6 percent) had at that point gotten at least one dose of vaccine.

We do not do genetic sequencing on the virus here. While only a small percentage of specimens are sequenced, but there is no doubt in our minds this most recent increase is due to the Delta variant. The CDC, which does do genetic sequencing on a random sample of cases, estimates that around 90 percent of the new cases in the United States were Delta variants by late July.

Masks

Based largely on the numbers reported above, Mayor Cooper issued Executive Order 21 last week requiring all entrants to Metro buildings to wear masks for the duration of their visit. Employees also are to wear masks when interacting with others, either guests or fellow employees.

Non-COVID Vaccinations: Back to School

All three preventive health clinics continue to offer extended hours to help accommodate increased volume for Back to School. We will present final encounter counts and immunizations provided in the September Director's report.

Improving Health – Access & Care Coordination

School Health

Our nurses returned this week for some in-servicing and preparation for the start of school next year. 87 nurses returned, additionally we had 14 new hires and 13 new agency nurses. We will continue to onboard agency nurses until we achieve a nurse in every school.

Swan Lin Baker was promoted to a PHN 3, Assistant School Health Program Manager

WIC

WIC participated in the Back to School Event at Plaza Mariachi on July 31. We have an outdoor Black Breastfeeding Celebration event we are co-hosting August 28 at McFerrin Park and we have been doing some outreach at the Martha O'Bryan Center. Mobile tentatively plans to return to a few libraries in September, dependent on whether they can move forward on using community rooms.

The Public Health Emergency was extended on July 20, 2021 to continue through October 20, 2021. What this means for WIC Staff and Families in Davidson Co is we can continue to allow waivers for physical presence and other items that are normally mandated at certain visits until November 16,2021. However,

WIC families are <u>still</u> getting the one-on-one nutrition counseling at regular intervals by our nutrition staff! We are continuing to teach moms how to breastfeed, wean off bottles, offer more healthy foods to those picky eaters and more while allowing families to remain at home if desired.

Oral Health

The School-Based hygienists will return to Metro Schools on August 10. They will be providing services at Wright Middle and Paragon Mills Elementary.

Organizational Updates

Budget

At the last meeting the Board asked about repurposing funds in the context of the \$26 million COVID mitigation grant we recently received.

As stewards of the public funds entrusted to us, the Department is conscientious in its approach to spending public resources as they are prescribed with both local and grant funds. Funds provided to the department, both local and grant, are earmarked for specific purposes and we are consistent in using those funds for those purposes.

At the conclusion of each fiscal year, unused local funds are returned to the general fund. Above the line funds (salaries and benefits) are generally not allowed to be repurposed for anything else, so unused salary and benefit dollars go back to the general fund each year.

With grant funds, the Department has the ability to submit requests to the grantor for changes to the budget, but there is no guarantee of approval of these requests. Our grants have specific deliverables and our budgets are approved by the grantors, so changing anything related to spending generally needs to be consistent with the deliverables of the grants. Deviation from approved budgets could put us in a position of not meeting those deliverables and being at risk of audit findings.

Health Equity

The Bureau's name has been changed to "Health Equity," instead of the previous "Diversity, Equity, & Inclusion" working title. Interviews are under way to fill the first Program Specialist 3 (Policy Coordinator) position.

Public Health Accreditation

Our final review of the PHAB documents is under way. We intend to upload the required documentation by the due date of Aug. 25.

Environmental Health

The Bureau is undergoing a small reorganization. In the Food and Public Facilities Division, Dale Krisle, a lead Environmental Health Specialist, was promoted into the Health Manager 1 position that Pam Wilson held prior to her promotion to Health Manager 2. At this same time, we transferred Ivone Rodriguez, the Health Manager over Pest Management, into the Food and Public Facilities Division. This move will provide a more equitable distribution of staff supervision across the Bureau. Steve Crosier and Pam Wilson each supervised 10 environmental health specialists, and Pam also supervised three admin positions; the managers of our Pest Management and Environmental Engineering Divisions supervised three employees each.

In conjunction with the transfer of Ivone to Food and Public Facilities, we moved oversight of Pest Management to Chris Michie, the manager of Environmental Engineering.

Ivone has over 20 years' experience in food safety. Her return to Food and Public Facilities will allow us to use her Spanish-language skills to assist operators, and she also has many years' experience teaching food safety sessions in Spanish.

Pam now will have two Health Managers to assist with supervision of the large staff.

We regret to report that Morgan Dickie, an Environmental Health Specialist in the Air Pollution program, accepted a position with the Association of Air Pollution Control Agencies (AAPCA) as their Policy & Membership Specialist. Morgan was a valuable member of the MPHD team. EPA recognized her efforts with the Air Quality Flag Program, and Morgan always was willing to step up and contribute to any public health response. She stepped up to help with the department's COVID-19 response, assisting with the drafting of Orders, development of the events application, updating the COVID-19 website, and answering questions from the public, venues, and other Metro agencies. We are excited for Morgan's new career opportunity, but she will be missed.

Red Sand

MPHD participated in the third annual Red Sand Week July 27-30 at four different locations: South Nutrition, East, Woodbine, and Lentz. Over 75 employees and community members participated in the sidewalk installation meant to bring awareness of the prevalence of human trafficking and prompt additional discussion regarding distinguishing signs as well as resources to provide those that may be in a human trafficking situation.

In Memoriam

On Friday August 6, East clinic and other MPHD staff were invited to participate in memorial balloon release for Marilyn Gregory, a dedicated MPHD employee for over 40 years. Marilyn passed away a year ago and is greatly missed by the entire MPHD family.



Opioid/Overdose Response and Reduction Program (OORRP) Division of Behavioral Health and Wellness

GRANTS

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

INTERVENTIONS AND ACTIVITIES

corresponding prevention categories included on page 2

Overdose Fatality Review (OFR) Panel

- Seeks to examine and understand the circumstances surrounding fatal drug overdoses occurring in Davidson County.

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 by OORRP Social Worker

- 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.

Fentanyl Test Strip Distribution

- 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 posession is accompanied with possession of additional drugs in Davidson County.

**SPIKE Auto Text Program

- Implementation by OORRP began in July to alert the public of spikes in fatal/nonfatal drug overdose activity occurring in the county.
- Program activated on July 16 due to acute increase in fatal drug overdoses occurring over a 24-hour period in the county.

**HIA Multidisciplinary Stakeholder Group

- Inaugural quarterly meeting held in July involving stakeholders from multiple sectors aimed at mitigating the local drug overdose crisis. Next meeting slated for October.

COMMUNITY EVENTS

- **Community Awareness Event June 5, 2021
- Hosted by The Romello A. Marchman (R.A.M.) Foundation in partnership with Nashville Prevention Partnership, Street Works, and OORRP to hand out naloxone kits and fentanyl test strips.

**Madison Community Event - July 1, 2021

- Hosted by the Metro Nashville Police Department Madison precinct and included substance abuse resources and information.

MEDIA

**WKRN News 2 "24-hour fatal overdose spike highlights Metro's uphill battle against deadly drugs, including fentanyl" - July 2021

https://www.wkrn.com/news/24-hour-fatal-overdose-spike-highlights-metros-uphill-battle-with-deadly-drugs-including-fentanyl/

**WSMV Channel 4 "Metro Health concerned about spike in overdose deaths" - July 2021

https://www.wsmv.com/news/davidson_county/metro-health-concerned-about-spike-in-overdose-deaths/article_7a97f844-e993-11eb-9698-63165238832f.html

**FOX 17 WZTV "ADDICTED: Nashville text alert system helps experts keep an eye on overdose spikes" - July 2021

https://fox17.com/news/addicted/addicted-nashville-pilot-program-works-to-alert-public-of-overdose-activity-opioid-crisis

**Social Media Panel - August 2021

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



Prevention Categories for Activities/Interventions Conducted by OORRP

The Opioid/Overdose Response and Reduction Program is involved in both actively implementing and supporting a multitude of community activities and interventions aimed at addressing all levels of prevention (primary, secondary, and tertiary). This ensures our program is applying a comprehensive approach which involves mitigating the currently burgeoning local drug overdose crisis while aiming to prevent substance use/addiction before it ever occurs.

Activity/Intervention

Overdose Fatality Review (OFR) Panel - primary, secondary, tertiary

ED Post-Overdose Discharge Protocol - primary, secondary, tertiary

HIA Multidisciplinary Stakeholder Group - primary, secondary, tertiary

Nashville Fire Department Post-Overdose Follow-Up - primary, secondary, tertiary

Substance Use Linkage by OORRP Social Worker - primary, secondary, tertiary

Data-to-Action with Local Prevention Partners - primary

Data-to-Action with Local Homeless/Housing Partners - primary

Fentanyl Test Strip Distribution - primary, secondary

SPIKE Auto Text Program - primary, secondary

Drug Overdose Monitoring and Surveillance - primary, secondary, tertiary

Syringe Services Program (SSP) - primary, secondary

Definitions

Primary Prevention: "upstream" measures that prevent the onset of illness before the disease process begins. Immunization against infectious disease is a good example.

Secondary Prevention: measures that lead to early diagnosis and prompt treatment of a disease. Breast self-examination is a good example of secondary prevention.

Tertiary Prevention: involves the rehabilitation of people who have already been affected by a disease, or activities to prevent an established disease from becoming worse.



Data and Surveillance

Suspected Fatal Drug Overdoses

- Through July 31, there have been 417 drug overdose deaths (confirmed and suspected) in 2021 (+7% compared to the same time period last year).
- Fentanyl has been detected in 74% of overdose-related toxicology reports in 2021 (78% in 2020).

Drug Overdose-related Emergency Department (ED) Visits

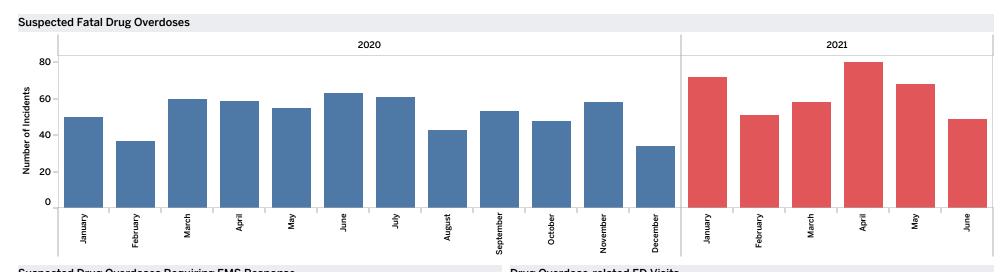
- There have been 1,506 overdose-related ED visits at local hospitals in 2021 (-5% compared to the same time period last year).

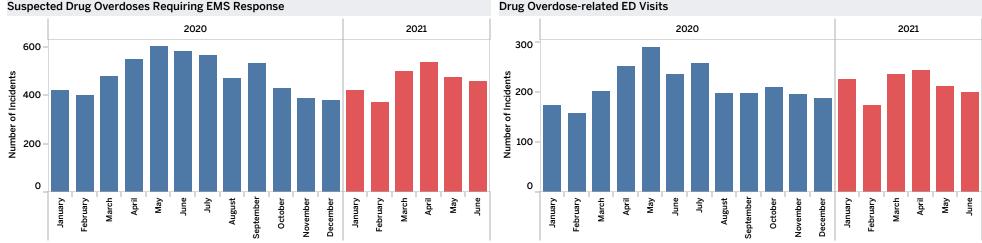
Suspected Drug Overdoses Requiring EMS Response

- There have been 3,283 suspected overdoses requiring EMS response in 2021 (-10% compared to the same time period last year).

**Syringe Containers Collected in the Community

- Through June, there have been 880 syringe containers collected by the Metro Public Health Department in 2021 (+74% compared to the same time last year). Each syringe container in estimated to collect between 400 and 430 1cc syringes.







Opioid/Overdose Response and Reduction Program Staff

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Metro Public Health Department Website **recently updated**

Drug Overdose Information

https://www.nashville.gov/departments/health/drug-overdose-information

Data Sources

Suspected Fatal Drug Overdoses

Death Investigation and Decedent Information (DIDI) Database (maintained by the Davidson County Medical Examiner (DCME))

Nonfatal Drug Overdose ED Visits

ESSENCE-TN

Suspected Drug Overdoses Requiring NFD-EMS Response

Nashville Fire Department Emergency Medical Services (NFD-EMS)

<u>Notes</u>

Data presented in this report were extracted on August 4, 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 May 2021-July 2021 are not yet finalized. Suspected drug overdose deaths captured in the DIDI database represent deaths under DCME jurisdiction and do not necessarily indicate Davidson County residency status of the decedent.

If you have information on unusual overdose activity, please contact the Opioid/Overdose Response and 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: 07/01/2021)	86	16	42	78	222
Intake					
Stray at large	222	44	49	70	385
Relinquished by owner	15	6	3	5	29
Owner requested euthanasia	3	0	1	0	4
Transferred in from agency	0	0	0	0	0
Other Intakes	4	3	4	0	11
TOTAL INTAKE	244	53	57	75	429
Outcomes Adoption	75	17	26	82	200
Returned to owner	104	7	6	1	118
Transferred to another agency	62	23	10	9	104
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	241	47	42	92	422
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Died in care	0	0	1	0	1
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	11	0	7	4	22
Owner requested euthanasia	3	0	1	0	4
TOTAL OUTCOMES	255	47	51	96	449
		,			
Ending Shelter Count (date: 07/31/2021)	97	7	30	68	202
SAVE RATE:	95.44%	100.00%	85.71%	94.67%	94.59%

Summary of Proposed Changes to the Pay Plan of the Metro Public Health Department

1. Change Pay Grade of Cultural/Linguistics Program Supervisor from ST10 Pay Grade to OR05 Pay Grade

Action Requested: Change Pay Grade for Cultural/Linguistics Program Supervisor classification from current Pay Grade of ST10 to Pay Grade OR05

Justification: An internal analysis of the duties and responsibilities of the Cultural/Linguistics Program Supervisor revealed that they were on par with those in the Health Manager 1 classification and the Cultural/Linguistics Program Supervisor should be brought up to the same pay grade to be consistent and equitable.

Impact: MPHD has one employee in the Cultural/Linguistics Program Supervisor classification. Upon approval of the Board of Health, this employee will be placed in the at the base salary of the OR05 pay grade, resulting in a 13.4% increase in salary.

2. Change Pay Grades of Interpreter 1, Interpreter 2, Interpreter 3 positions from ST06, ST07, and ST08 to Pay Grades ST08, ST10, and OR04

Actions Requested: Change Pay Grades of Interpreter 1, Interpreter 2, Interpreter 3 positions from ST06, ST07, and ST08 to Pay Grades ST08, ST10, and OR04

Justification: An internal analysis determined that the work of those in the Interpreter 1 classification was similar in scope to others in the Department in the Program Specialist 2 classification and this action would bring the classification up to the same pay grade. Also, Interpreter positions have often been difficult to fill due to the low salary and requirement that they are or become certified. This action will aid in recruitment and retention of candidates and employees in these classifications.

Impact: Employees in affected pay grades would be elevated to new pay grades. For Interpreter 1 and Interpreter 2 positions, employees will be placed in the closest step to their current classification in the new pay ranges without any decrease. The Department does not have anyone in the Interpreter 3 classification currently.

Interpreter 1 ST06 -> ST08

Interpreter 2 ST07 -> ST10

Interpreter 3 ST08 -> OR04