

## **Metropolitan Board of Health of Nashville and Davidson County September 9, 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 4:02 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  
Lloyda B. Williamson, MD, Member  
Gill C. Wright, III, MD, Director of Health  
Tina Lester, MSN, RN, Chief Advisor to the Director of Health  
Jim Diamond, MBA, Director of Finance and Administration Bureau  
Derrick Smith, JD, Metropolitan Department of Law

### **BOARD OF HEALTH**

#### **Welcome of Dr. Lloyda B. Williamson, MD**

Chair Jahangir welcomed new board member Dr. Lloyda B. Williamson. Dr. Williamson is Professor and Chair of the Department of Psychiatry and Behavioral Sciences, Interim Psychiatry Residency Program Director, Board Certified Child, Adolescent and Adult Psychiatrist, Executive Director, Lloyd C. Elam Mental Health Center at Meharry Medical College, and Tennessee ROCAP President. Dr. Williamson's appointment by Mayor John Cooper was approved by Metro Council on September 7, 2021.

Dr. Williamson expressed her gratitude for the opportunity to serve.

Chair Jahangir also congratulated Dr. Wright on his appointment as Director of Health as of September 1, 2021.

#### **Approval of August 12, 2021, Meeting Minutes**

**Dr. Smith made a motion to approve the August 12, 2021, meeting minutes, as distributed. Vice-Chair Franklin seconded the motion, which passed unanimously.**

#### **Approval of Thank You Letter to Dr. Thomas Campbell**

Chair Jahangir read the draft thank you letter to Dr. Thomas Campbell into the record. Dr. Campbell served as a member of the Board of Health from November 2015-August 16, 2021. Amendments were suggested. ([Attachment I](#)).

**Vice-Chair Franklin made a motion to approve the thank-you letter from the Board to Dr. Thomas Campbell with amendments, which passed unanimously.**

#### **Discussion of Extension of Public Health Emergency Declaration**

**Dr. Smith made a motion to advise Mayor Cooper to extend of the Declaration of Public Health Emergency until the State of Tennessee no longer has a Declaration of Public Health Emergency. Vice-Chair Franklin seconded the motion, which passed unanimously.**

#### **Approval of Grant Applications**

There were no grant applications.

## **Approval of Grants and Contracts**

Jim Diamond presented two items:

- 1. Grant from the Centers for Disease Control and Prevention – Community Health Workers for Public Health Response and Resilient Grant**  
Term: August 31, 2021-August 30, 2022  
Amount: \$1,000,000
- 2. Grant Amendment from the Health Resources and Services Administration – Ryan White Part A HIV Emergency Relief**  
Term: June 28, 2021-June 30, 2022  
Amount: \$3,404,587

**Mr. Frederick made a motion to approve the grants and contracts. Vice-Chair Franklin seconded the motion, which passed unanimously.**

## **Report of the Director**

Dr. Wright referred to the update provided in the Board packet ([Attachment II](#)).

Dr. Wright advised that a candidate for the deputy director position had been selected and an offer had been tendered. An announcement would be made once the position was finalized.

Dr. Wright asked Ms. Lester to provide an update on the Accreditation process. She highlighted that the submission had been submitted a week prior to the deadline. A Public Health Accreditation Board site visit will be planned and probably occur in 4-5 months.

Dr. Jahangir invited Vice-Chair Franklin to share a draft of director's goals she had developed for Dr. Wright ([Attachment III](#)). She invited questions or suggestions about it to be directed to the recording secretary, Ms. Lester, or Dr. Wright.

## **Report of Chair and Discussion**

Chair Jahangir led a discussion regarding the recent Metro Council resolution encouraging Dr. Wright to issue a mask mandate. Hugh Atkins was asked to address the feasibility of department staff enforcing a mandate, considering that enforcement would fall entirely on the Health Department and not include Metro Police Department as during the previous mandate. Mr. Atkins advised that it was highly unlikely staff could reasonably enforce such a mandate, thereby rendering it effectively moot. Dr. Wright advised he would provide clarification to the Board on his decision to decline to issue a mask mandate.

## **Review of Board Requests**

Dr. Wright will communicate to the Board a clarification of his decision on the Council's mask mandate request.

## **Election of Chair and Vice-Chair**

**Chair Jahangir nominated Dr. Smith as Vice-Chair.**

**Vice-Chair Franklin made a motion to nominate Mr. Frederick as Vice-Chair.**

**Dr. Smith withdrew his name from nomination.**

**Dr. Smith withdrew the withdrawal of his name from nomination.**

**Mr. Frederick withdrew his name from consideration.**

**Mr. Frederick made a motion to elect Dr. Smith as Vice-Chair, which passed unanimously.**

**Chair Jahangir made a motion to elect Vice-Chair Franklin as Chair. Ms. Etherington seconded the motion, which passed unanimously.**

Chair Franklin adjourned the regular meeting.

**CIVIL SERVICE BOARD**

Chair Franklin opened the Civil Service Board meeting.

**Personnel Changes**

Mr. Diamond referred to the August 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, October 14, 2021 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209.

The meeting adjourned at 5:25 p.m.

Tené H. Franklin, MS  
Chair



**Metro Public Health Dept**  
 Nashville / Davidson County  
 Protecting, Improving, and Sustaining Health

Attachment I

John Cooper, Mayor  
 Gill C. Wright III, MD FAAFP MMM  
 Director of Health  
**Board of Health**  
 A. Alex Jahangir MD MMHC FACS, Chair  
 Tené Hamilton Franklin MS, Vice-Chair  
 Carol Etherington MSN RN FAAN  
 David A. Frederick MS  
 Calvin M. Smith III MD  
 Lloyd B. Williamson MD, DFAPA FAACAP

September 9, 2021

Thomas W. Campbell, MD  
 Psychiatrist

Dear Dr. Campbell,

Thank you for serving on the Metropolitan Board of Health. Your service benefited the Board, the department, and the citizens of Nashville and Davidson County, all of which owe you a debt of gratitude.

During your tenure you were engaged, thorough, and conscientious about accountability and good management practices in the Department. You were a steadfast supporter and advocate for Behavioral Health at a time of severe stress in that world, from the scourge of opioid addiction to the challenges of COVID lockdowns and disruptions.

You helped move numerous improvements through the system. Metro now has considerably stronger infrastructure to address the underlying mental health issues that for decades, largely by default, pushed many of our citizens into the criminal justice system rather than toward more proper treatments and responses. You helped institutionalize these efforts, which continue.

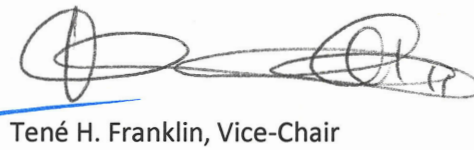
All citizens of Nashville have benefited from your careful review and input not just on behavioral health issues, but also your insightful, even-keeled assessment of and responses to other critical issues before the Board.

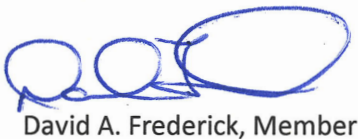
You have made real contributions during your time here. Please accept our gratitude for lending us your expertise, energy, time, and compassion to help improve the health and well-being of the citizens we all serve.

And one more thing. Good luck with that fly rod.

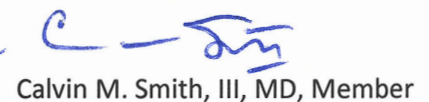
With warmest regards,

  
 A. Alex Jahangir, MD, Chair

  
 Tené H. Franklin, Vice-Chair

  
 David A. Frederick, Member

  
 Carol Etherington, RN, Member

  
 Calvin M. Smith, III, MD, Member

## Director's Update to the Board of Health September, 2021

### Protecting Health – Preventing the Spread of Infectious Disease

#### COVID

- COVID cases in Davidson County continue to increase with the arrival of the Delta variant. Over the last month, there was a 519 percent increase in the 7-day rolling average of cases. Test positivity has nearly tripled over the same period; where one in 10 tests were positive a month ago, now three of them are.
- In the week ending August 30 the total number of infections by specimen collection date was 3,813. The last time we had that many infections in one week was at our peak, the first week of January, when we had 5,153 infections. Last week's count also surpasses each of the one-week totals of this summer, the highest previous of which was 3,065 infections at the beginning of July.
- In that week there were 14 deaths, 12 of whom had no history of vaccination.
- Davidson County's 0-to-17-year-old population is experiencing the highest case count we've seen in that cohort. Of the previous month's infections, 21 percent were among that age group.
- Hospitals continue to feel the pressure. Every hospital is reporting that COVID patients from the ICU are spilling over into other units. Hospitals are evaluating whether to continue with elective procedures (and may have changed their protocols since this update was written).
- MPHD began giving 3rd dose Pfizer shots earlier this month to those who are immunocompromised.
- We expect increased vaccine demands later this year if and when CDC recommends a booster shot 8 months after the completion of the Moderna or Pfizer vaccine series, or 6 months after the Johnson & Johnson vaccine. MPHD is well into contingency plans to meet that expected increase.
- Contract tracing efforts have ramped back up at MPHD with the rising case counts. We plan to increase staffing from 10 investigators to 25 over the next few weeks; as of last week we had 18 contact tracers.
- The COVID Hotline (615-862-7777) is still in use and being managed by HUB Nashville. The Hotline and the HUB are reporting a large increase in calls over the last two weeks.
- Testing remains a major topic of conversation and concern. Testing (and vaccinations) continue at our assessment center at the old K-Mart site. Earlier this week a second testing site was expected to be in operations just across the street at the corner of Charlotte and 28th/31st. (The official address is 350 28th Ave N.). We also are offering testing at most of our pop-up vaccination events. The calendar located at [COVID19.Nashville.gov](https://COVID19.Nashville.gov) has vaccination and testing dates and times throughout the county.
- Turnaround times on COVID test results at our drive-through and pop-up sites have stayed steady at 24-36 hours, even with increased demand.
- A long-term shelter has been established at 3230 Brick Church Pike for homeless and displaced individuals requiring isolation due to COVID infection or exposure. This 200-bed facility will serve in the same capacity the Fairgrounds did before it closed in July.

#### Schools

School Health has been inundated with COVID investigations in the schools, to the point the nurses are having difficulty accomplishing their regular nursing duties. There are multiple conversations under way about how to work out way out of this situation.

## **Improving Health – Access & Care Coordination**

### **WIC**

WIC has a waiver to provide services by phone until November 16. Since the Delta variant became prevalent, in-person visits have decreased significantly.

### **Oral Health**

The school-based dental program is working successfully in schools, and has provided services in Paragon Mills Elementary, Wright Middle and DuPont Elementary.

## **Organizational Updates**

### **Public Health Accreditation**

We submitted the final metrics for accreditation to the Public Health Accreditation Board on August 19 ahead of the August 25 deadline. Our assigned Accreditation Specialist at PHAB has informed us she will be conducting her initial review of the Accreditation Committee Additional Requirements (ACAR) documentation for your health department. After the review is completed, another site visit will be scheduled to complete the process.

### **Health Equity**

The Bureau of Health Equity hired its first PS3 Policy Coordinator, Raquel de la Huerga. Celia Larson also has secured the bureau a new CDC accelerator grant to support the work for a city-wide Health Equity coalition. The Bureau is also in process of hiring its six grant positions.

### **Vehicle Emissions Testing**

Last month the Environmental Protection Agency agreed to amend its agreement with the state of Tennessee for air pollution control in such a way as to allow the state to stop all vehicle emission testing programs. The only county in the state with its own program, Davidson, was exempted by state statute from that decision and is authorized to keep its program if it so desires. The removal of EPA oversight from the program means we can design things differently than they have been historically since the program was begun in the mid-1980s.

The Air Pollution Control division and others are working through what the future holds for that program. The contracts we have in place now expire on June 30, 2022.

**Overdose Response Program (ORP)**  
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**

**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 EMS Post-Overdose Follow-Up**

- Implementation began in early January 2021.

**Substance Use Linkage by ORP 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 possession is accompanied with possession of additional drugs in Davidson County.

**\*\*SPIKE Auto Text Program**

- Implementation by ORP began in July to alert the public of spikes in fatal/nonfatal drug overdose activity occurring in the county.
- In partnership with MNPD and the Davidson County Medical Examiner, program activated on August 13 to alert community about recent increase in MDMA-related overdose deaths occurring 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**

**\*\*International Overdose Awareness Day - August 31, 2021\*\***

**\*\*International Overdose Awareness Day Rally - August 31, 2021**

- Hosted by Promises Behavioral Health both virtually and at the Nashville Recovery Center. International Overdose Awareness Day is the world's largest annual campaign to end overdose, remember without stigma those who have died and acknowledge the grief of the family and friends left behind.

**\*\*Strong Families Day - August 27, 2021**

- Hosted by the Metro Development and Housing Agency (MDHA) behind Vine Hill Apartments. Activities and services included free naloxone kits and COVID-19 vaccines.

**MEDIA**

**\*\*Tennessee Department of Health "Tennesseans pause to remember International Overdose Awareness Day" - August 30, 2021**

<https://www.tn.gov/behavioral-health/news/2021/8/30/tennesseans-pause-to-remember-international-overdose-awareness-day.html>

**\*\*The Tennessean "Tennessee doctor and pastor convicted of extensive drug dealing at 'pill mill' clinic" - August 23, 2021**

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

**\*\*Metro Nashville Police Department "50+ Pounds of White Powder, Presumed to be Fentanyl, Seized from Truck" - August 13, 2021**

<https://www.nashville.gov/departments/police/news/50-pounds-white-powder-presumed-be-fentanyl-seized-truck>

**\*\*FOX 17 WZTV Nashville "Man charged with murder for supplying fentanyl to Nashville man who later overdosed" - August 6, 2021**

<https://fox17.com/news/local/man-charged-with-murder-for-supplying-fentanyl-to-nashville-man-who-later-overdosed>

**Social Media Panel - September 2021**

- Panel will include subject matter experts to interface with the community and discuss the drug overdose crisis. Event is currently being rescheduled with the aim for this month.

**\*\*Public Health Emergency - Drug/Opioid Overdose Crisis in the U.S.\*\***

On October 26, 2017, the drug overdose crisis was officially declared to be a public health emergency by President Trump. This determination was renewed by the Secretary of Health and Human Services, effective July 7, 2021.

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/opioids-7July2021.aspx.aspx>



## **Prevention Categories for Activities/Interventions Conducted by ORP**

The Overdose Response 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 ORP 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.



# Update: Drug Overdose Epidemic in Davidson County, TN September 2021

## Data and Surveillance

### Suspected Fatal Drug Overdoses

- Through August 21, there have been 459 drug overdose deaths (confirmed and suspected) in 2021, representing a 10% increase compared to the same time period last year.
- Fentanyl has been detected in 74% of overdose-related toxicology reports in 2021 (78% in 2020).
- Monthly Average

2020: 51.8 suspected overdose deaths  
**2021: 61.7 suspected overdose deaths**

### Suspected Nonfatal Drug Overdose-related Emergency Department (ED) Visits

- Through August 21, there have been 1,668 overdose-related ED visits at local hospitals in 2021, representing a 3% decrease compared to the same time period last year.
- Monthly Average

2020: 213.8 overdose-related ED visits  
2021: 219.3 overdose-related ED visits

### Suspected Drug Overdoses Requiring NFD-EMS Response

- Through August 21, there have been 3,671 suspected overdoses requiring NFD-EMS response in 2021, representing a 7% decrease compared to the same time period last year.
- Monthly Average

2020: 484.9 suspected overdoses  
2021: 469.0 suspected overdoses

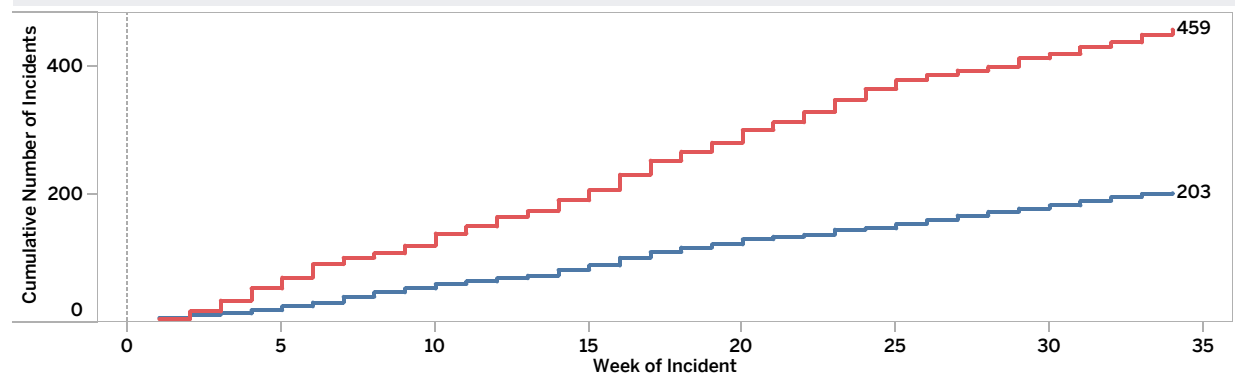
### Syringe Containers Collected in the Community

- Through July, there have been 1,039 syringe containers collected by the Metro Public Health Department in 2021, representing an 81% increase compared to the same time last year (each syringe container is estimated to collect between 400 and 430 1cc syringes).
- Monthly Average

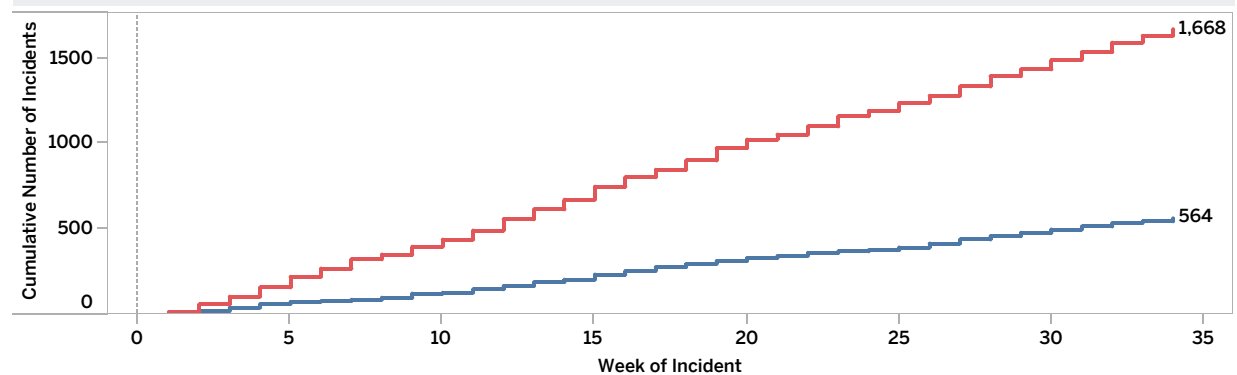
2020: 88.7 containers  
2021: 148.4 containers

Cumulative, Year-to-Date Drug Overdose Activity Compared to Baseline Year  
[2017=BLUE, 2021=RED]

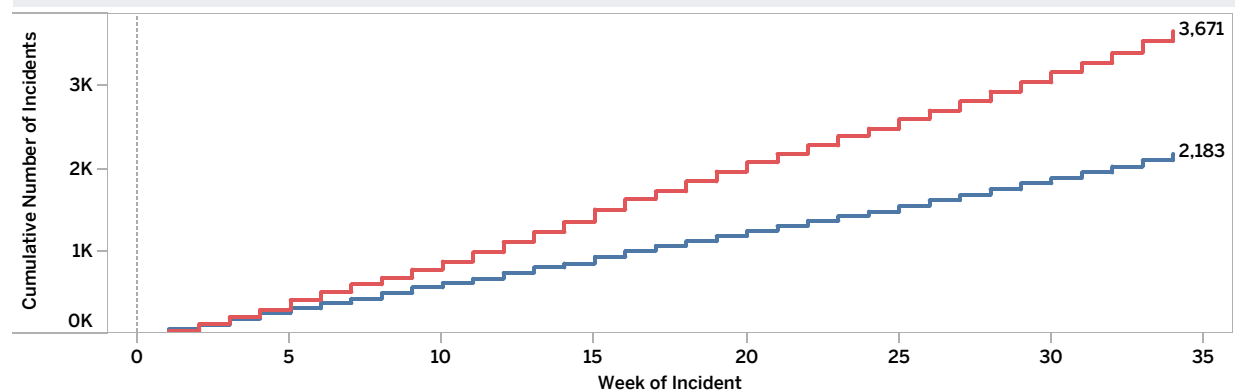
Suspected Fatal Drug Overdoses



Suspected Nonfatal Drug Overdose-related ED Visits



Suspected Drug Overdoses Requiring NFD-EMS Response



## Overdose Response Program

Trevor Henderson | Director

Email: [trevor.henderson@nashville.gov](mailto:trevor.henderson@nashville.gov)

Bridget Del Boccio | Coordinator

Email: [bridget.delboccio@nashville.gov](mailto:bridget.delboccio@nashville.gov)

Madelynne Myers, MPH | Coordinator

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Josh Love, MPH | Epidemiologist

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Haley Hershey, MPH | Epidemiologist

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## Metro Public Health Department Website

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))

### Suspected Nonfatal Drug Overdose-related ED Visits

ESSENCE-TN

### Suspected Drug Overdoses Requiring NFD-EMS Response

Nashville Fire Department Emergency Medical Services (NFD-EMS)

## Notes

Data presented in this report were extracted on September 1, 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 June 2021-August 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 Overdose Response Program**

[Opioid.Response@nashville.gov](mailto:Opioid.Response@nashville.gov) | 615-340-0498

## SPIKE Alerts by Text

Information that can save lives  
Get alerts about overdoses in your community



FG Trade/Getty Images

Partnership to End Addiction is working with organizations in your community to alert you when spikes in drug overdoses occur locally. This knowledge can help you take action to engage and protect your loved ones struggling with addiction.

**Why it matters:** Spike alerts can prompt families and community members to:

- 1 Have discussions about seeking treatment and/or using substances more safely
- 2 Protect people you care about by getting naloxone and learning how to use it
- 3 Talk to friends or loved ones who are not using substances about the risks of use
- 4 Advocate for and support efforts in your community to prevent overdoses

Text SPIKE to  
**855-9-OD-KNOW**  
**(855-963-5669)**

and follow the steps to  
get messages on your  
phone when overdose  
spikes occur.

**How it works:** Health and law enforcement officials can release a "spike alert" to the media in response to a pattern of drug overdoses within a community. Partnership to End Addiction's SPIKE Alerts by Text program informs you when these alerts are issued.



Learn more:  
[drugfree.org/spike](https://drugfree.org/spike)  
or scan QR code to sign up now

Partnership to End Addiction is a nonprofit working to transform how our nation addresses addiction. Learn more at [drugfree.org](https://drugfree.org).



081021

**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](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: 8/1/2021)	97	7	30	68	202
<b>Intake</b>					
Stray at large	185	28	47	73	333
Relinquished by owner	44	10	24	8	86
Owner requested euthanasia	2	0	0	0	2
Transferred in from agency	1	0	0	0	1
Other Intakes	9	2	2	0	13
<b>TOTAL INTAKE</b>	<b>241</b>	<b>40</b>	<b>73</b>	<b>81</b>	<b>435</b>
<b>Outcomes</b>					
Adoption	97	15	34	59	205
Returned to owner	72	6	7	0	85
Transferred to another agency	49	17	5	8	79
Other live Outcome	0	0	0	0	0
<b>TOTAL LIVE OUTCOMES</b>	<b>218</b>	<b>38</b>	<b>46</b>	<b>67</b>	<b>369</b>
Died in care	0	0	0	0	0
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	18	0	10	3	31
Owner requested euthanasia	2	0	0	0	2
<b>TOTAL OUTCOMES</b>	<b>238</b>	<b>38</b>	<b>56</b>	<b>70</b>	<b>402</b>
<b>Ending Shelter Count (date: 08/31/2021)</b>	<b>99</b>	<b>11</b>	<b>53</b>	<b>72</b>	<b>235</b>
<b>SAVE RATE:</b>	<b>92.47%</b>	<b>100.00%</b>	<b>86.30%</b>	<b>96.30%</b>	<b>92.84%</b>

## **Director's Goals for FY21/22**

**September 9, 2021**

### **1. Strategic Plan**

The Director will support the development of a four-year Strategic Plan resulting in Specific, Measurable, Achievable, Relevant, Timely, Inclusive and Equitable (SMARTIE) goals and objectives, for approval at the December 2021 Board meeting. The development of the strategic plan should include *buy-in* from all members of the ELT.

### **2. Internal strategic Driver Dashboard**

By the December 2021 Board Meeting, the Director will create strategic drivers for each of the following areas listed below. Status and progress will be shared with the Department employees and Board members monthly on an internal-facing dashboard communicating the updates for Department sections such as the following:

- Operations (Finance, HR, Communications, Legislative)
- Environmental Health
- Communicable Disease and Emergency Preparedness
- Population Health
- Community Health
- Health Equity
- Other:
  - Behavioral Health Investments
  - Drug Overdose
  - Epidemiology
  - Ending the HIV Epidemic
  - Healthy Nashville Leadership Council
  - Program development
  - Quality Improvement (PHAB, Health Plan)

### **3. Health in All Policies (HiAP)**

By April 30, 2021, the Director will convene one HiAP sensemaking session consisting of Metro agencies, elected and appointed stakeholders. Present session summary no later than the June 2022 Board meeting.

### **4. Professional Development**

Beginning in September, with a bi-monthly cadence, view at least one NACCHO Webinar and/or relevant public health webinar. The Director will work with Bureau Directors to identify relevant learning opportunities. The Director will also debrief learnings with the corresponding internal SMEs or program team. The Director will continue to complete quarterly and annual medical education assessments to maintain specialty certification.

### **5. Racial Equity Training**

By June 30, 2022, participate in the phase one training offered by the Racial Equity Institute. The Director is encouraged to invite members of the Executive Leadership Team and Board to also complete training.

*These goals were created by Vice-Chair Tene Franklin with input and review from Director Gill Wright.*