

**Metropolitan Board of Health of Nashville and Davidson County
Friday, December 11, 2020, Retreat Meeting Minutes**

Chair Alex Jahangir called the meeting to order at 1:10 p.m. at the Music City Center, Room 201, 201 5th Avenue South, Nashville, TN 37203.

Present

A. Alex Jahangir, MD, Chair
Tené H. Franklin, MS, Vice-Chair
Carol Etherington, MSN, RN, Member
Thomas W. Campbell, MD, Member
David A. Frederick, MS, Member
Calvin M. Smith III, MD, Member
Jim Diamond, MBA, Director of Finance and Administration Bureau
Brian Todd, Public Information Officer
Angie Thompson, Director, Behavioral Health Program
Trevor Henderson, Director, Opioid/Overdose Response & Reduction Program
Josh Love, MPH, Epidemiologist
Derrick Smith, JD, Metropolitan Department of Law

Attending remotely

Hugh Atkins, REHS, Director of Environmental Health Bureau
Stephanie Bailey, MD, Interim Deputy Director
Tina Lester, RN, Director of Population Health Bureau
Michelle Pardue, DDS, Director of Community Health Bureau
Tom Sharp, Director of Policy and Legislative Liaison
Joanna Shaw-KaiKai, MD, Associate Medical Officer, Infectious Disease
Katie Stone, JD, Assistant Director
Laura Varnier, MNsc, Director of Clinic Operations
Gill C. Wright, III, MD, Associate Medical Director, Clinical Services

Chair Jahangir opened the retreat with a message of thanks and encouragement to Department leadership and staff.

Org Chart Discussion and Action on Interim Replacements

Chair Jahangir made a motion to appoint Dr. Gill Wright as Interim Chief Medical Director of Health, at his current salary to serve at the pleasure of the Board. Vice-Chair Franklin seconded the motion, which passed unanimously.

Chair Jahangir made a motion to appoint Tina Lester as Interim Chief Administrative Director of Health, at a salary of \$191,155.57, to serve at the pleasure of the Board. Mr. Frederick seconded the motion, which passed unanimously.

Vice Chair Franklin led a discussion about the organizational chart and the Department.

COVID Response

Chair Jahangir updated the Board on the number, assessment center progress, hospital capacity, community partnerships, and COVID vaccine research and distribution.

Budget Update

Jim Diamond presented an update on General Department and COVID CARES fund, grants and their impact on the org chart, budget, and finances of the department.

Drug Overdose Report

Trevor Henderson, Angie Thompson and Josh Love presented an update on Drug Overdose Response (Attachment II).

The meeting adjourned at 4:05 p.m.

A. Alex Jahangir, MD, MMHC, FACS
Chair

BUDGET UPDATE TO BOARD OF HEALTH

December 11, 2020

Jim Diamond, MBA

Bureau Director, Finance and Administration



MetroPublicHealthDept
Nashville/Davidson County

Protecting, Improving, and Sustaining Health

Fiscal Year

- Metro's Fiscal Year runs July 1 – June 30
- State uses the same fiscal year
- Federal Fiscal Year runs October 1 – September 30

Fiscal Year 2021 Budget

- Local – \$23,976,700
- Grant – \$28,512,800
- Contracts – \$23,761,600
 - Forensic Medical Examiner – \$5,713,000
 - Correctional Health – \$18,048,600

Funded Positions

- Local
 - 237
- Grant
 - 322
- Total
 - 559

Budget Timeline

- For FY21 (current fiscal year) budget instructions were received January 6th
- Budget submissions entered January 24th
- Certain departments had hearings with Metro Council last year – Health did not have one
- Mayor's Recommended Budget Presented to Council – March 31st

Budget Timeline

- Council can either pass Mayor's budget or submit an amended one
- If Council takes no action by June 30th, the Mayor's proposed budget is adopted
- Fiscal Year 2022 begins July 1st

Current Fiscal Year

- In September, spending reductions were mandated due to uncertainty over referendum
- Hiring and promotions freeze – frontline public health and safety positions exempted. This will stay in place through at least the remainder of the calendar year
- Non-essential capital spending freeze – this is expected to remain in place until Metro completes debt refinancing, anticipated to be complete in late February

Proposed Org Chart Impacts on Grants

- Dr. Shaw-KaiKai currently funded 85% on TB Grant
- Need to determine how much, if any, of her work will remain on TB Grant
- Anything more than 15% of her time not spent on TB would have to be charged to local funding
- Would need to repurpose a local position, or positions depending on the amount, to cover
- Is she staying in the Medical Doctor classification?
- Associate Medical Director is not a position currently in the Pay Plan

Status of Capital Improvement Budget Requests

- Replacement Facility for Woodbine Clinic
 - \$1 million approved for the design and planning for a new facility
 - Department of General Services requesting funding for construction of new facility in next phase of capital spending request
- Electronic Health Record
 - Requested last two years but has yet to be funded

CARES Act Expenditures

	Fiscal Year 2020	Fiscal Year 2021	Total
Row Labels	YTD Actual	YTD Actual	
Regular Pay	199,610.79	18,926.84	218,537.63
Leave Pay	161.14	0.00	161.14
Overtime Pay	347,606.67	310,855.92	658,462.59
Employer OASDI	36,138.76	18,184.18	54,322.94
Employer SSN Medical	8,333.66	4,510.00	12,843.66
Employer Group Health	57,824.73	37,156.75	94,981.48
Employer Dental Group	1,878.64	1,538.49	3,417.13
Employer Group Life	1,351.51	664.20	2,015.71
Employer Pension	69,180.45	36,468.58	105,649.03
Medical Services	407.73	432,422.79	432,830.52
Management Consultant	69,545.96	192,398.67	261,944.63
Health Services	41,525.40	53,976.20	95,501.60
Temporary Service	773,609.28	2,964,729.12	3,738,338.40
Employee Local Travel/Park	0.00	29.00	29.00
Cell Phone Service	40,361.93	32,075.43	72,437.36
Postage & Delivery Srvc	10,621.05	3,559.40	14,180.45
Printing/Binding	1,446.84	584.30	2,031.14
Advertising & Promot'n	0.00	210,057.77	210,057.77
Other Rpr & Maint Srvc	51,571.43	40,865.05	92,436.48
Offc & Admin Supply	72,349.20	75,814.67	148,163.87
Computer Hardware <\$10K	3,280.60	110,695.70	113,976.30
HHold & Jnitr Supply	212.06	52.93	264.99
Food & Ice	303.28	48.00	351.28
Medical Supply	106,316.59	213,920.55	320,237.14
Small Equipment Supply	1,594.48	17,188.30	18,782.78
Software License	132.22	4,331.91	4,464.13
Grand Total	1,895,364.40	4,781,054.75	6,676,419.15

CARES Act Expenditures

- No set CARES Act budget given to departments to manage
- Lab fees predominantly being paid by OEM, so not showing up in Health's CARES Act expenditures
- Funding set to expire December 30
- Plan in place to supplement with Metro funds beyond December 30

Monitoring and Mitigating the Drug Overdose Epidemic in Davidson County, Tennessee

Opioid/Overdose Response & Reduction Program (OORRP)

Metro Public Health Department of Nashville/Davidson County
Nashville, Tennessee

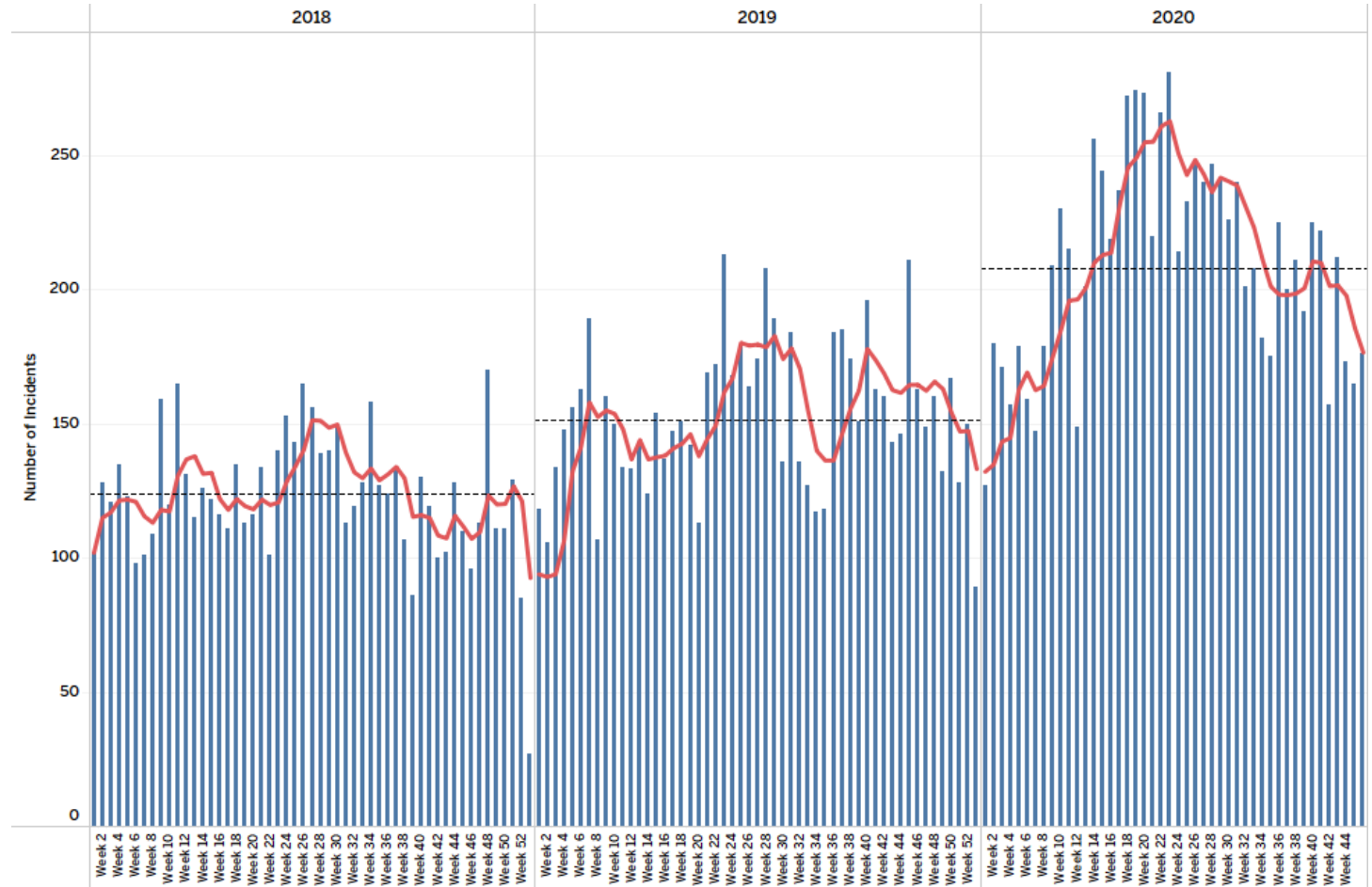
December 11, 2020

Epidemiology and Surveillance Data

Drug Overdose Trends

- Fatal and nonfatal drug overdose activity continues to increase unabatedly in Davidson County.
- In 2020, the drug overdose crisis has been amplified by COVID-19.
- Increased burden on local EMS, emergency departments, medical examiner, and treatment/recovery providers.
- Increase in average number of naloxone administrations per patient by EMS.

Overall fatal/nonfatal drug overdose activity, January 2018-December 2020
Davidson County, TN



Sources: Nashville Fire Department EMS, ESSENCE-TN, TDH Drug Overdose Reporting (DOR) Project, Davidson County Medical Examiner, accessed December 9, 2020

Epidemiology and Surveillance Data

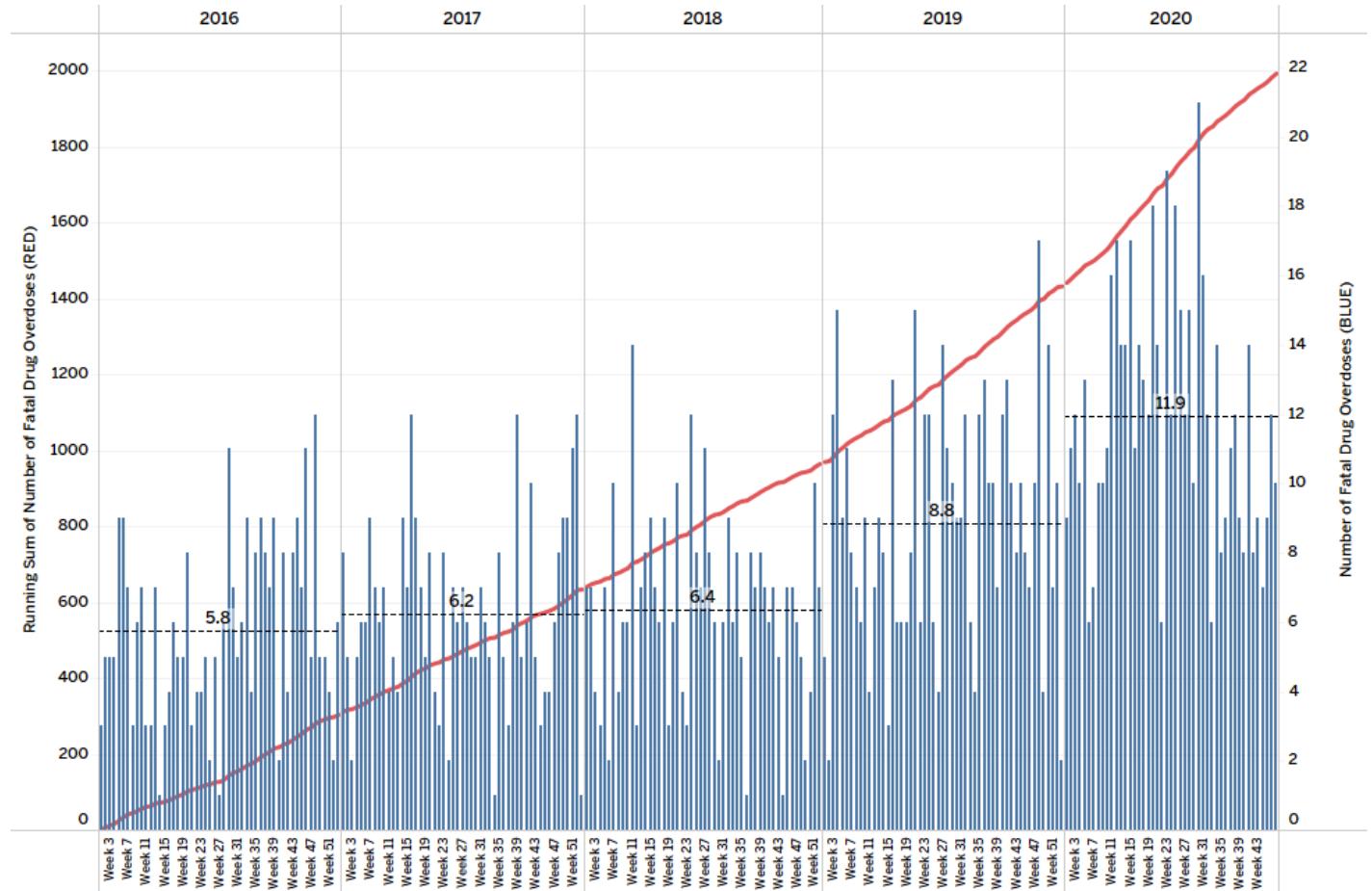
Drug Overdose Trends

- 2020 YTD: **582** suspected drug overdose deaths
- In 2019 and 2020, the number of drug overdose deaths surpassed the previous year's total by the 3rd quarter (table below).

Year	Q1-Q3	Yearly Total
2016	218	305
2017	237	330
2018	259	331
2019	339	468
2020	491	582

Note: Total count for 2020 is representative of all suspected fatal drug overdoses between January 1-December 9, 2020.
Source: Davidson County Medical Examiner, accessed December 9, 2020

Fatal drug overdoses with annual weekly average and running total, January 2016-December 2020
Davidson County, TN



Source: Davidson County Medical Examiner, accessed December 9, 2020

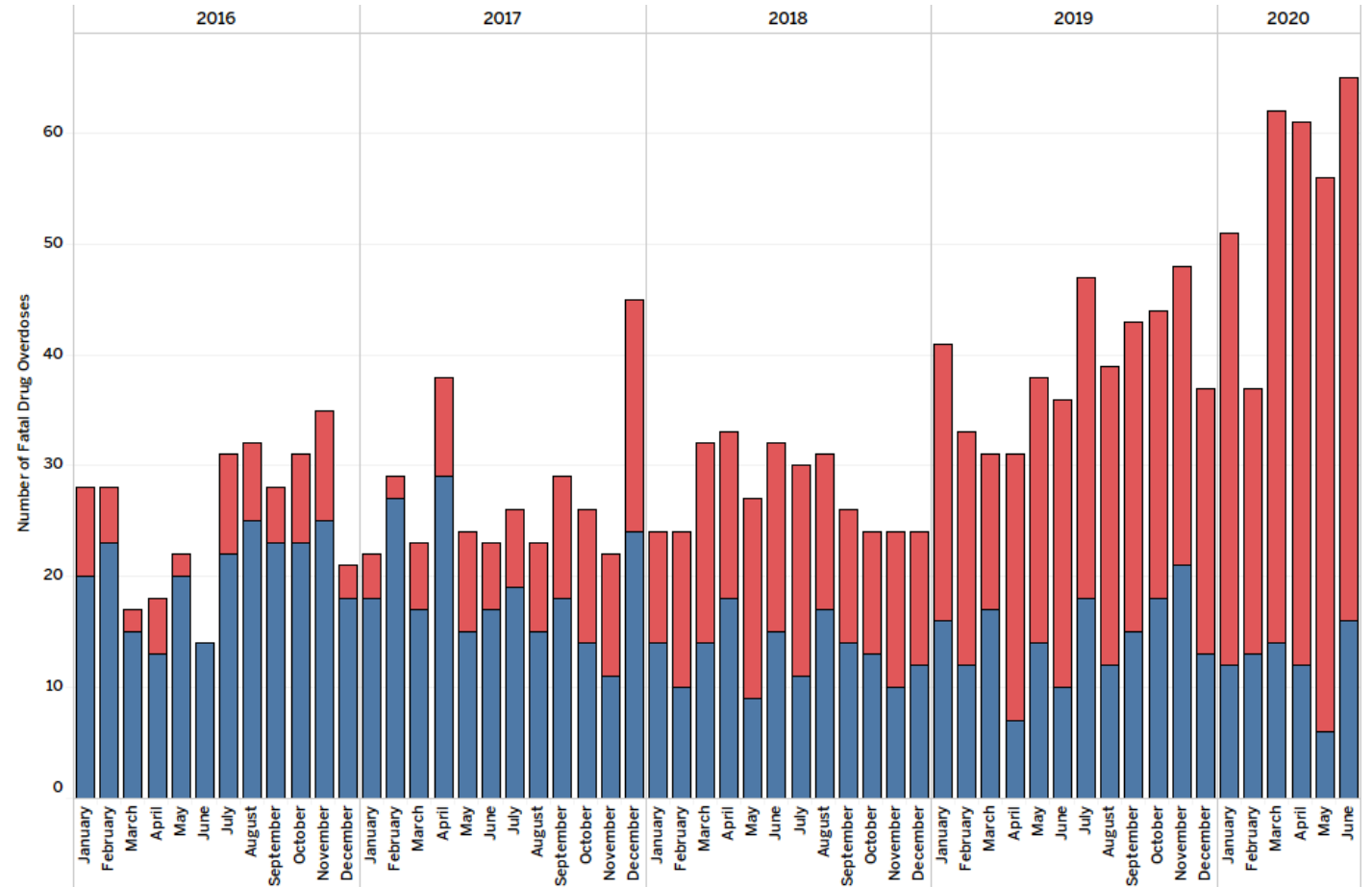
Epidemiology and Surveillance Data

Drug Overdose Trends

- Fentanyl is the primary driver of the recent increase in drug overdose deaths in Davidson County.
- Fentanyl has been increasingly detected in toxicology reports since 2016.
- In 2020, fentanyl has been detected in 78% of drug overdose deaths compared to 2016 (21%).

Fatal drug overdoses by fentanyl results on toxicology report, January 2016-June 2020
Davidson County, TN

Fentanyl detected (red) | not detected (blue)



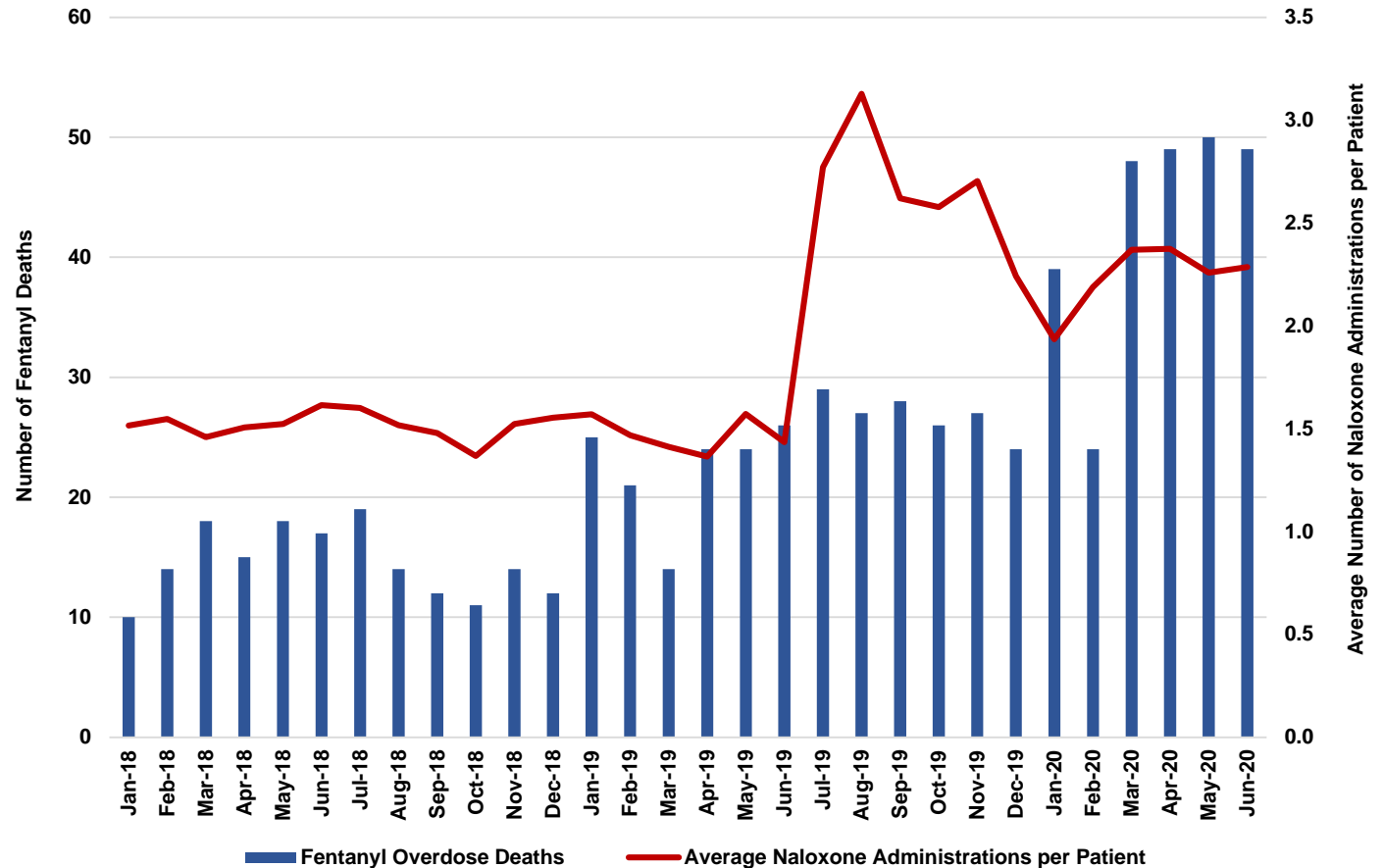
Source: Davidson County Medical Examiner, accessed December 9, 2020

Epidemiology and Surveillance Data

Drug Overdose Trends

- More potent drugs/narcotics (i.e., fentanyl) result in more naloxone necessary to save lives.
- Moderate, positive relationship between average number of naloxone administrations per patient and fentanyl overdose deaths ($r=0.55$).

Fatal drug overdoses with fentanyl detected and average number of naloxone administrations per patient
January 2018-June 2020, Davidson County, TN



Sources: Nashville Fire Department EMS, Davidson County Medical Examiner, accessed December 9, 2020

Opioid/Overdose Response & Reduction Program
Metro Public Health Department of Nashville/Davidson County
ALL DATA ARE PROVISIONAL

Epidemiology and Surveillance Data

Drug Overdose Trends – Demographics

Characteristics of fatal/nonfatal drug overdoses, 2019-2020 – Davidson County, TN

	Nonfatal Overdoses		Fatal Overdoses	
	2019	2020	2019	2020
Mean Age (years)	37.1	37.9	42.6	42.2
Age Group (years)	25-34 (37%)	25-34 (37%)	45-54 (27%)	25-34 (25%) 35-44 (25%)
Sex	62% male	66% male	68% male	64% male
Race	79% white 13% black	71% white 19% black	77% white 21% black	72% white 26% black
Ethnicity	97% non-Hispanic	97% non-Hispanic	-	-
Drug Category	58% heroin	50% opioid w/o heroin	63% fentanyl	78% fentanyl
Incident Location – ZIP Code (ordered by number of incidents)	37211 37115 37207 37013 37076	37211 37207 37115 37076 37013	37207 37211 37013 37115 37208	37115 37207 37211 37209 37013

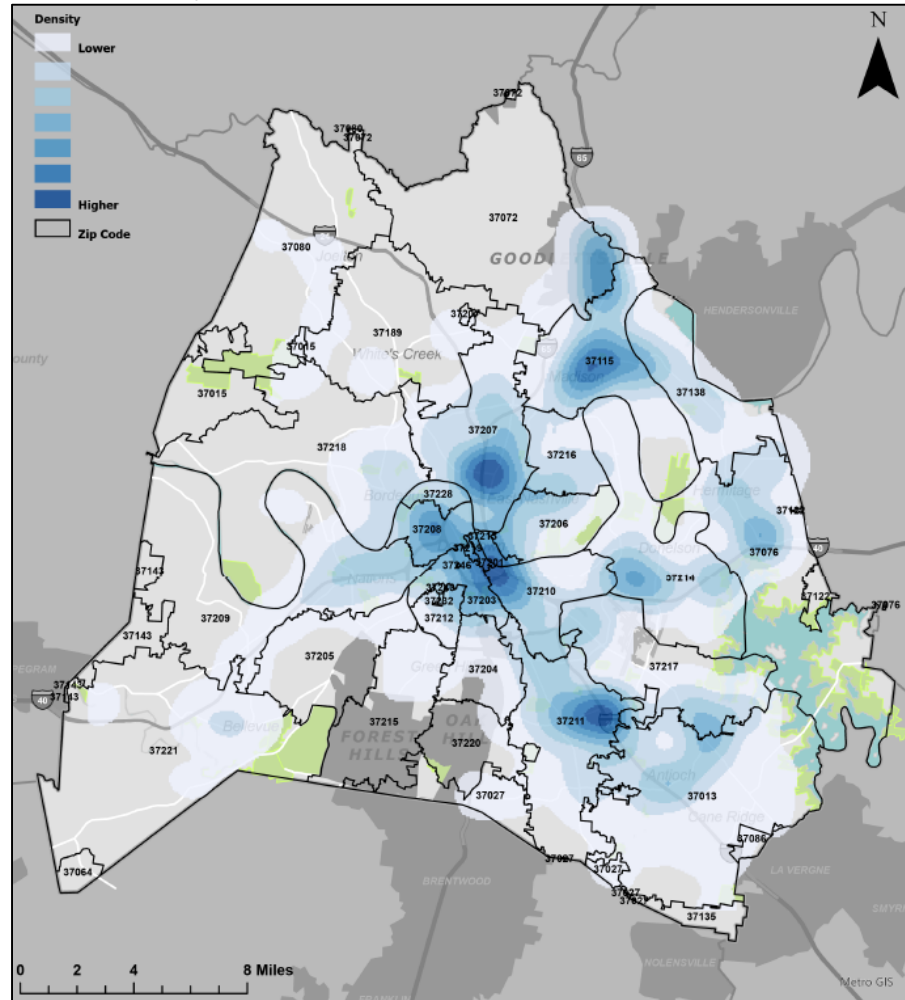
Sources: ESSENCE-TN, Davidson County Medical Examiner, accessed December 9, 2020.

Note: Ethnicity is not provided in the Davidson County Medical Examiner database.

Epidemiology and Surveillance Data

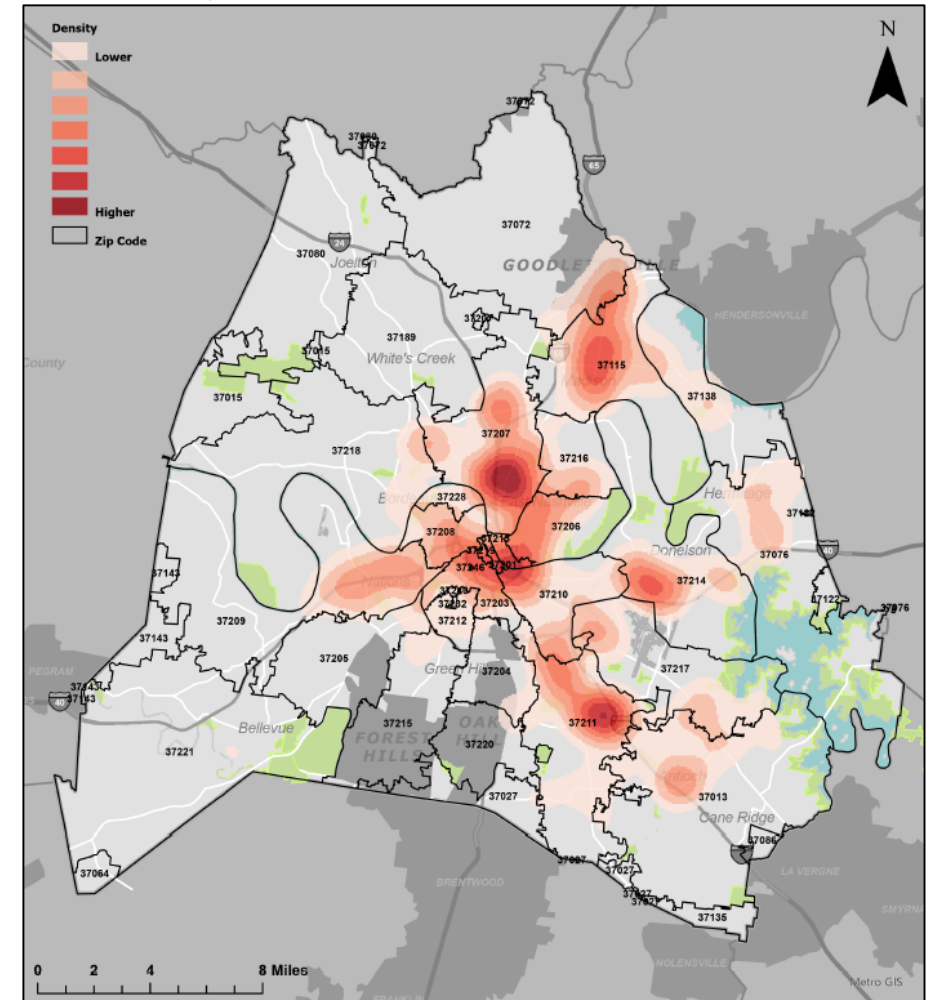
Drug Overdose Trends – Geospatial

Suspected nonfatal drug overdoses, January 2020-December 2020
Davidson County, TN



Source: Nashville Fire Department EMS, accessed December 9, 2020

Suspected fatal drug overdoses, January 2020-December 2020
Davidson County, TN



Source: Davidson County Medical Examiner, accessed December 9, 2020

Epidemiology and Surveillance Data

Drug Overdose Trends

- With fentanyl permeating the drug supply, drug overdose activity will likely continue to increase.
- Davidson County has not “leveled off” to date.

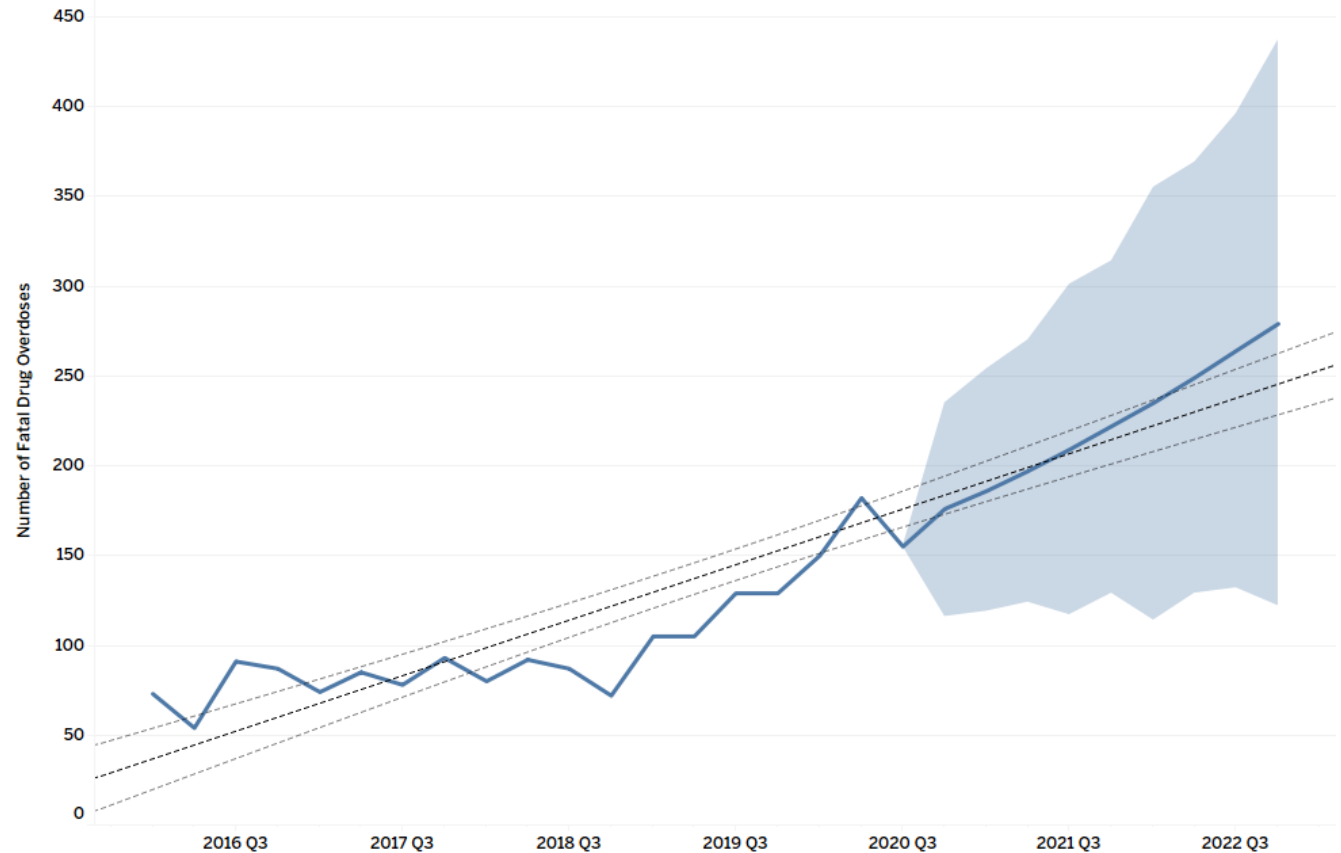
Fatal drug overdose projections

- 2020 prediction (made in December 2019)
 - Middle prediction: 485
 - Upper prediction: 600

Year	Lower Prediction Interval	Middle Prediction Interval	Upper Prediction Interval
2021	500	835	1,169
2022	508	1,064	1,622

Note: Multiplicative forecast model with 95% confidence intervals; P-value <0.0001
 Source: Davidson County Medical Examiner, accessed December 3, 2020

Forecast of fatal drug overdoses by quarter with trend line and confidence bands, January 2016-December 2022
 Davidson County, TN



Source: Davidson County Medical Examiner, accessed December 9, 2020

Epidemiology and Surveillance Data

Acute Overdose Response Plan

- Driven by drug overdose surveillance system
- Alert detection
 - ODMAP
 - DC-DOSS
 - Program email/phone
- Data analysis and situation report for review
- Communication process
 - Notification list
 - Messaging
 - Internal/external partners
 - News/social media
 - Hospital/EDs

Detection of potential alert-level event

- Detection Sources
 - Drug overdose surveillance system
 - ODMAP
 - Internal/external partners via OORRP program phone/email

Data collection and analysis

- Responsibility: OORRP epidemiologist

Generate situation report

- Responsibility: OORRP epidemiologist

Preliminary review of event

- Responsibility: OORRP program staff
- Determine level of response
- If level of response does not require escalation, OORRP team determines follow-up actions and alert response is concluded

Review event internally

- Responsibility: MPH D Overdose Response Team
- Hold meeting as soon as possible
- Review situation report and discuss plan of action; determine activation of communication tree

Communication of event

- Disseminate alert messages to external partners and news/social media
- Disseminate messaging when event is determined to be over (if necessary)

Continued monitoring of event

- OORRP epidemiologist will continue to monitor for any subsequent increases in overdose activity related to the event

Interventions/Activities/Collaborations

Local drug overdose surveillance system

- Developed a novel surveillance system for Davidson County and middle TN High Impact Area (HIA)
- Leverages multiple data sources to monitor and detect drug overdose activity

Acute overdose response plan

- Provides framework on local response processes to increased/anomalous drug overdose activity
- Consulting with multiple TN counties to assist in expanded development and implementation

Data-to-Action with prevention partners

- Monthly meetings to discuss emerging overdose trends and areas of activity
- Currently collaborating with partners to divert overdose prevention efforts to high-activity areas

Collaboration with state/regional health departments/EDs

- OORRP program is the vanguard regarding drug overdose response efforts in TN
- Consulted for assistance from various partners (TDH, TDMHSAS, ODMAP, and others)
- Via MPH Regional Hospital Coordinator, increased communication between EDs and OORRP

Impacted Families

- Regular meeting with families impacted by fentanyl overdoses

High Impact Area (HIA) Grant (TDH/CDC) Interventions/Activities/Collaborations

Post Overdose Follow-up

- Creation of a post-overdose follow-up program
- Individuals identified by NFD-EMS receive post-overdose follow-up within 72 hours
- Rapid referral to Mental Health Cooperative for further screening, referral and/or treatment

Emergency Department Overdose Protocols

- As survey of existing post-overdose protocols at emergency departments
- Formation for standardized protocols based on national best practices and emerging practices

MPHD Clinic SUD Screening and Referral

- Creation of a social worker position to screen for substance use disorder at MPH D clinics
- Referrals to available treatment where possible

Overdose Surveillance and Activity Coordination

- MPH D provides overdose surveillance and data analysis across four other counties
- MPH D provides activity coordination across additional counties to ensure integrity of an HIA approach

DOJ COAP Grant Interventions/Activities/Collaborations

Fentanyl workgroup

- Convening a workgroup with law enforcement to address all aspects of fentanyl in the community
- Implementing a strategy that aligns with the National Drug Control Strategy
- Unique role for Public Health

Overdose Fatality Review Panel

- Creation of both an Overdose Fatality Review Panel and supporting policies and protocols
- Panels to assesses fatal overdose data to look for opportunities to save lives in the future
- Part of a national learning collaborative

Overdose Surveillance

- Creation of both a new overdose surveillance system and supporting policies and protocols
- Access to detailed data sets
- Regular data reports for multiple community stakeholders

ODMAP Implementation

- Implementation of ODMAP in Davidson County
- Consulting with multiple TN counties to assist in ODMAP expansion

Accomplishments

- Creation and implementation of local drug overdose surveillance system
- Access to NFD-EMS suspected overdose data
- Comprehensive and routine monitoring of drug overdose activity and trends for data-to-action initiatives
- Creation and implementation of formalized acute overdose response plan (first in TN)
- Implementation of ODMAP in Davidson County (July 2020)
- Presented local surveillance system development and methodology at the national 2020 Syndromic Surveillance Symposium held by the Council of State and Territorial Epidemiologists (November 2020)
- Assisted in the onboarding of Nashville General and Vanderbilt Hospitals to ESSENCE (syndromic surveillance)

Accomplishments

- Creation of 8 new positions in Davidson County to address the overdose crisis
- Engagement with ODMAP at the national level, providing feedback and enhancement suggestions
- Engagement with the Appalachian High Intensity Drug Trafficking Area (AHIDTA), assisting in Davidson County formally participating as a member
- Collaboration with CDC-Foundation to bring additional resources and expertise to TN efforts
- Unique relationship with law enforcement to better understand the nature of the overdose crisis and the role of synthetic drugs
- Overdose reports shared with the national opioid workgroup of Ascension Health
- Using data to target community resources such as Naloxone kits and training
- Between January 2018 and November 2020, we have received approximately 70,000 used syringes (as medical waste) from the local Syringe Services Program

Conclusions

- The drug overdose epidemic will continue in 2021 with increases across all metrics expected.
- Fatal and nonfatal drug overdoses present an unyielding and significant impact on the community, healthcare system, first responders, and recovery/treatment providers.
- Fentanyl has caused a paradigm shift and will continue to deepen the crisis.
- A community-wide, multi-sector response akin to COVID-19 is necessary to potentially mitigate this epidemic.
- A sustained, federal program such as the Ryan White HIV program is needed for long-term planning and implementation of addiction treatment and support services.

Why Fentanyl?

“Fentanyl brings in more profits. You only need one pill per person. So if we transport 10,000 pills, then it’s 10,000 people who are going to take them,”... Stirring a white powder with a plastic spatula, he said: “I know my pill is very powerful and that it will create dependence. And that’s what I want. When a consumer takes one and then needs another dose.”

“Fentanyl is extraordinarily profitable to produce: where opium poppies require acres of land and months of care, this highly powerful drug requires only a minimal workforce and infrastructure. A 2019 DEA report estimated that each fentanyl pill costs only \$1 to produce. It can be resold in the US for at least 10 times as much.”

<https://www.theguardian.com/world/2020/dec/08/mexico-cartel-project-synthetic-opioid-fentanyl-drugs>

Program/Department Contact Information

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Angie Thompson

Director

Behavioral Health and Wellness

Metro Public Health Department of Nashville/Davidson County

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MPHD Website – Drug Overdose Information

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