

## **Metropolitan Board of Health of Nashville and Davidson County March 10, 2016 Meeting Minutes**

The meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Sam Felker at 4:07 p.m. in the Board Room, on the third floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville TN 37209.

### **Present**

Sam Felker, JD, Chair  
Carol Etherington, MSN, RN, Vice Chair  
Henry W. Foster, Jr., MD, Member  
Francisca Guzmán, Member  
Margreete Johnston, MD, MPH, Member  
William S. Paul, MD, MPH, FACP, Director of Health  
Jim Diamond, Interim Director of Finance and Administration Bureau  
Leslie Robeson, Director of Human Resources  
John Finke, Director of Air Pollution Control Division  
Jason Stamm, Accreditation Coordinator  
Josh Lee, JD, Metropolitan Department of Law

### **BOARD OF HEALTH**

#### **Consent Agreement A-15-001**

John Finke explained that on December 9, 2015, the Pollution Control Division conducted an inspection of Ted's Cleaners, 7114 Highway 70 S., Nashville, Tennessee. Initial review of the source's maintenance records appeared that the operator had been taking temperature readings as required. However, enforcement staff noticed that the records were in degrees Celsius, while the temperature gauge on the machine was in Fahrenheit. The owner admitted that he had not been reading the temperature, but using a number to which he was accustomed from a different machine.

**Dr. Johnston made a motion to approve Consent Agreement A-15-001 and assess Ted's Cleaners a civil penalty of \$500.00. Dr. Foster seconded the motion, which passed unanimously.**

#### **Consent Agreement A-16-001**

John Finke explained that on December 30, 2015, the Pollution Control Division conducted an inspection of Care Cleaners, 4331 Old Hickory Blvd., Nashville, Tennessee. Initial review of the source's maintenance records appeared that the operator had been taking temperature readings as required. However, enforcement staff noticed that the records were in degrees Fahrenheit, while the temperature gauge on the machine was in Celsius. The owner stated that he had always recorded temperatures on other machines in Fahrenheit, so he continued to put similar numbers in his records.

**Dr. Johnston made a motion to approve Consent Agreement A-16-001 and assess Care Cleaners a civil penalty of \$500.00. Dr. Foster seconded the motion, which passed unanimously.**

#### **Request for Variance from the Stage II Requirements of Metro Public Health Department, Pollution Control Division's Regulation No.7, "Regulation for Control of Volatile Organic Compounds"**

John Finke asked that they Board grant a hearing at the April 14, 2016 meeting to hear a request for variance from the Stage II Requirements of Metro Public Health Department, Pollution Control Division's Regulation No.7, "Regulation for Control of Volatile Organic Compounds."

**The Board granted a public hearing on April 14, 2016 for the variance request.**

### **Semi-Annual Status Reports on Key Results Measures and Performance Monitoring Team**

Jason Stamm presented a report on Key Results Measures (Attachment I) and a report on the Performance Monitoring Team (Attachment II). The Board suggested several modifications to the reports.

### **Approval of Organizational Chart**

Dr. Paul referred to the organizational chart that was included in the Board's packet (Attachment III). He explained the changes from the last organizational chart approved by the Board, and asked the Board's approval.

Dr. Paul introduced the new Civil Service Medical Examiner, Dr. Matthew Hine; the new Community Health bureau director, Muriel Hodgson-Vargas; and the new Finance and Administration bureau director, Peter Fontaine.

Chair Felker also recognized the other bureau directors, Sanmi Areola, Shoana Anderson, and Tina Lester, and their work.

**Dr. Foster made a motion to approve the organizational chart as presented. Ms. Guzman seconded the motion, which passed unanimously.**

### **Approval of Grant Applications**

There were no grant applications.

### **Approval of Grants and Contracts**

Jim Diamond presented one grant for approval:

Grant from the State of Tennessee Department of Health – Fetal Infant Mortality Review Fetal and Community Infant Mortality Reduction Services.

Term: July 1, 2016 through June 30, 2017

Amount: \$318,600.00

**Ms. Etherington made a motion to approve the grant as presented. Dr. Johnston seconded the motion, which passed unanimously.**

### **Approval of February 11, 2016 Meeting Minutes**

**Dr. Foster made a motion to approve the minutes of the February 11, 2016 meeting as written. Ms. Guzman seconded the motion, which passed unanimously.**

### **Report of the Chair**

Chair Felker mentioned that the legislation to raise the legal age of tobacco smoking to 21 is at a standstill. He noted that California and Hawai'i were successful in passing similar legislation recently.

Chair Felker referred to WZTV Channel 17's news report on the recent Immunization audit. Brian Todd and Jim Diamond provided additional perspective on the audit. Chair Felker asked that audits be forwarded to Board members as the findings are made available.

Chair Felker referred to the Board of Health Report to the Mayor required by the Metro Charter. Board members offered suggestions for Dr. Paul to incorporate prior to submission. Chair Felker asked to see the final report before submission.

Chair Felker asked that the MACC Report provide 12-month trailing numbers in order to see statistics compared year-to-year.

### **Report of the Director**

Dr. Paul referred to the Director's Update provided in the Board packet (Attachment IV) and gave a brief summary of the report.

### **CIVIL SERVICE BOARD**

#### **Personnel Changes**

Jim Diamond presented the personnel changes, which were unremarkable.

#### **Proposed Pay Plan for Fiscal Year 2017**

Jim Diamond referred to the materials about the Pay Plan in the Board's meeting packet. He advised that the Metro Civil Service Board had deferred approval of the Metro Pay Plan for Fiscal Year 2017 until their April meeting, but the items that were under discussion were not related to any positions at the Health Department, and it was anticipated that those issues would be resolved and the Metro Pay Plan approved without controversy.

**Dr. Foster made a motion to approve the Health Department's Proposed Pay Plan for Fiscal Year 2017 as submitted. Ms. Etherington seconded the motion, which passed unanimously.**

#### **Next Regular Meeting**

The next regular meeting of the Board of Health will be held at 4:00 p.m. on Thursday, April 14, 2016, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209. [Recorder's note: the April meeting was rescheduled to occur on April 7, due to an anticipated lack of quorum on April 14.]

The meeting adjourned at 5:55 p.m.

Respectfully submitted,

Samuel L. Felker, J.D.  
Chair

# Key Result Measure

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Status Report

March 2016






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

# Key Result Measure










## Background

Key Result Measures (KRM) were introduced to Metro Departments during Mayor Purcell's administration. Metro Finance coordinates this effort with each department developing KRMs for their key programs and service areas. MPH D has a total of 34 KRMs covering all major programs in the department. The Performance Monitoring Team reviews KRM data quarterly and uses this data to provide reports to MPH D's Executive Leadership Team and its Board of Health on the organization's performance.







## Status Report Key:



-  On Target
-  Below Target
-  KRM Suspended/Under Review






# Key Result Measure

EXECUTIVE LEADERSHIP				
PROGRAM	KRM	%	Above Target/Below Target/Not Reporting	Comments
Executive Leadership	90% of departmental Key Results Measures will be achieved.	93%		28 out of 30 KRMs are being met. An additional 4 KRMs are suspended and will be revised due to outside funders or data issues.
ADMINISTRATION				
Animal Control	90% of the time, Metro Animal Care and Control will respond to and properly abate priority incidents (person in danger, animal in danger, or urgent) within a two (2) hour response period.			Data in MACC database does not currently support this KRM. Changing to a Euthanasia KRM for next fiscal year.
Records Management	100% of persons who request certified birth and death records will receive them in accordance with the Tennessee Department of Health Handbook of Instructions for Local Registrars.	100.0%		13,277 death certificates and 4,246 birth certificates issued.
Office of the Forensic Medical Examiner	100% of cases will receive a valid cause of death in accordance with National Forensic Medical Association Guidelines.	100.0%		# of cases accepted = 889 <b>Manner of Death</b> Natural = 263, Accident = 392, Suicide = 72, Homicide = 55, Undetermined = 23, Pending Further Study = 84.
Correctional Health Services	98% of detainees seen in intake will receive a health assessment within 12 hours by a qualified health care professional.	99.4%		18,739 Intake Assessments provided within 12 hours
Information Technology	90% of all Help Desk tickets assigned to Health Department employees are resolved and completed within four working days.	100.0%		120 Help Desk tickets assigned to Health Quality Assurance Team. October data not included due to ITS switching from Magic system to Prism system during this time.
Facilities Management	95% of customers surveyed will indicate satisfactory or higher ratings of housekeeping and maintenance.	100.0%		1,070 Facilities Requests
Human Resources	80% of full-time employees hired and not subject to layoff will still be employed by MPH D after 12 months.	73.7%		14 out of 19 new hires retained 1 - resigned family illness 2 - resigned for another job 1 - resigned position not a good fit 1 - resigned due to night call
Finance	At least 95% and no more than 100% of MPH D's operating budget will be expended during the fiscal year.	88.9%		On track to spend budget by end of fiscal year.






# Key Result Measure









COMMUNICABLE DISEASE AND PUBLIC HEALTH EMERGENCY PREPAREDNESS				
<b>Public Health Emergency Preparedness</b>	100% of CDC emergency preparedness standards will be achieved.	100%		
<b>STD/HIV Prevention and Intervention</b>	90% of reported cases of Chlamydia, Gonorrhea and Syphilis will be appropriately treated.	95.50%		
<b>Ryan White</b>	75% of Ryan White Part A clients will have two or more clinic visits within 12 months.			Program needs to modify measure and goal as the federal funder has changed the measure to match new treatment guidelines for outpatient care. Also the database will no longer calculate this KRM. Program will be revising KRM next year to monitor viral load suppression among clients.
<b>Tuberculosis Elimination, Infectious</b>	90% of treatment courses for active TB cases will be completed.	100%		Three active cases died before they could receive and/or complete therapy.
<b>Tuberculosis Elimination, Non-Infectious</b>	50% of courses for latent (non-infectious) TB cases will be completed.	56.60%		The TB clinic has been short staffed and clinic nurses have been prioritized to active TB cases instead of latent infections.
<b>Immunizations</b>	100% of reportable Vaccine Preventable Diseases (VPD) will be investigated within 24 hours of notification.	95.80%		One case was received by public health but did not reach the investigation team for follow-up until 4 days after receipt.

COMMUNITY HEALTH				
<b>Children's Special Services</b>	95% of CSS children will have a documented medical home within 3 months after enrolling or recertifying.	99.50%		211 new enrollments and recertifications with a PCP
<b>Occupational Health and Wellness Clinic</b>	98% of physical examination reports and disability evaluation assessments will be provided in a timely manner (timely manner is the timeframe established by the department served).	100%		

<b>Oral Health</b>	65% of K-8 children in high needs schools will be free from untreated oral disease.	78.60%		12,096 sealants have been placed.
<b>Clinical Services</b>	90% of clients aged 24 months and younger will have their immunization status assessed and receive education at every visit.	93.30%		14,616 immunizations given to children 18 years of age and younger; 4,177 children receiving immunizations
<b>Healthcare for the Homeless</b>	100% of homeless clients specified in the contract with United Neighborhood Health Services (UNHS) will receive primary care, mental health, substance abuse and dental services at UNHS.	81.80%		Currently below target, but KRM is cumulative. On track to meet target% by the end of the fiscal year. 6,832 Primary care visits and 2,862 patients; 426 Mental health visits and 234 patients; 1023 Substance abuse visits and 156 clients; 943 Dental visits and 443 patients
<b>Nutrition Services (WIC)</b>	70% of potentially eligible participants will receive WIC (Women, Infant and Children) vouchers.	82.70%		105,414 WIC vouchers issued
<b>School Health</b>	98.5% of provider ordered scheduled procedures will be completed.	99.20%		40,781 nursing procedures conducted.

# Key Result Measure

ENVIRONMENTAL HEALTH				
<b>Air Quality</b>	75% of active complaints to the Pollution Control Division (PCD) will have a response time of two hours or less. ("Active complaints" shall be defined as open burning, fugitive dust or odor complaints received by PCD staff while the incident is occurring.)	100%		308,712 vehicle inspections; 673 pollution control inspections
<b>Engineering Services</b>	98% of failed septic systems will be properly abated.	100%		205 septic system investigations
<b>Food Protection Services</b>	99% of the three critical CDC risk factors (hand washing, food temperatures, sanitization of work surfaces) identified will be abated.	100%		2,713 food related inspection
<b>Pest Management</b>	90% of identified pest threats will be successfully abated.	99,30%		# of premises abated = 558 # of mosquito pools = 981 # of Pest Inspections = 6,912
<b>Public Facilities</b>	90% of environmental complaints and violations will be abated.	100%		4,295 public facilities inspections

POPULATION HEALTH				
<b>Behavioral Health</b>	70% of behavioral health clients (A&D/co-occurring and mental health) will be linked with a community provider.	78.30%		
<b>Epidemiology</b>	95% of reports and publications will be completed on time.	95%		
<b>Prevention and Wellness</b>	20% of targeted organizations that adopt a policy or program related to healthy eating/active living/tobacco.	46.20%		
<b>Tobacco Control</b>	70% of patients, 13 years of age and older, seen in MPH clinics will be screened annually for tobacco use.	81.80%		
<b>TennCare Kids</b>	50% of parents and caregivers of Davidson County children and youth (ages 0-19) will receive information regarding the importance of well child check-ups.			The program is undergoing mandated changes from the state level. The program is developing a new KRM based on these changes with a new denominator based on the # of TennCare Kids in Davidson County.
<b>Fetal Infant Mortality Review</b>	90% of eligible fetal and infant deaths will be assessed by a core team within 3 months of fetal/infant death to identify factors contributing to death.	100%		Number of fetal/infant death notifications received and researched; 43 notifications received and researched during this quarter. Staffing is currently low with medical records abstractor (staff responsible for notification tracking and research) is on extended leave.
<b>Healthcare Access</b>	3% of the estimated uninsured residents in Nashville will be linked to a source of primary care.			There were 292 clients linked to medical services this quarter. The numerator is cumulative. The program is undergoing changes and a new KRM will be developed for the coming year.
<b>Home Visiting</b>	75% of eligible families referred to the HUGS program that could be contacted will receive a home visit within 15 working days.	77%		Total refusals for the year = 34. If refusals were taken out of KRM, % would be 98%.



# Performance Monitoring Team

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## Semi-Annual Status Report

March 2016



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

# Performance Monitoring Team

## Background













The Performance Monitoring Team (PMT) was established to monitor the performance of the department as it pertains to its implementation the strategic plan as well as to track organizational measures that we call our Key Result Measures (KRM)s. The team consists of MPHD staff from each of the department's bureaus that meet on an ongoing basis to review the organization's performance and provide reports of progress to MPHD's Executive Leadership Team (ELT) and the Board of Health.

## Status Report Key:

-  Activity Completed
-  Activity In Progress
-  Activity Not Started
-  Activity Delayed










# Performance Monitoring Team

## Semi-Annual Status Report

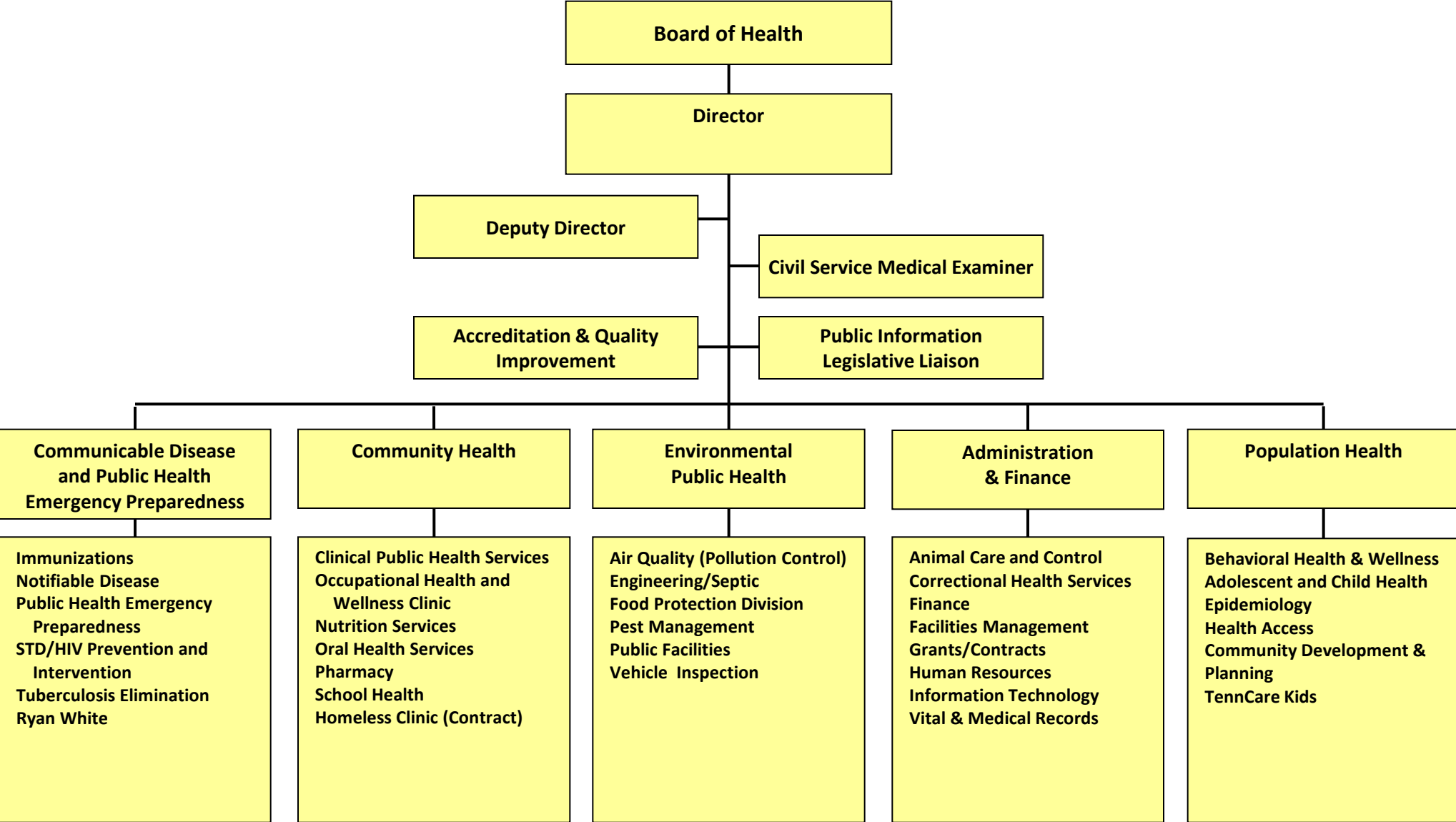
Strategic Organizational Goal	Activity	Status	Information
<b>Workforce Development</b>	By July 2016, 100% of MPHD supervisors will utilize MPHD Hiring Practices Manual and its process when hiring new employees.		An analysis of the Hiring Practice Manual usage data indicates a growing trend towards more widespread use in the hiring and promotional process. Efforts will be ongoing.
<b>Organizational Performance</b>	Starting July 2015 and ongoing, 100% of programs will meet at least monthly to enhance two-way communication to improve program and departmental performance.		Ongoing.
<b>Organizational Performance</b>	By July 2016 and ongoing, each year, 90% of staff will attend a quarterly General Staff Meeting.		The first General Staff Meeting is scheduled for March 28th from 8-10am. (Centennial Rooms)
<b>Workforce Development</b>	By December 2015, adopt and implement a Workforce Development Plan.		Plan has been adopted and implementation underway. Currently working to fill vacant Training Coordinator position.
<b>Workforce Development</b>	By July 2016, develop a transparent process for filling MPHD committee vacancies.		In progress, assigned to Quality of Life and Workplace Culture Committee.
<b>Organizational Performance</b>	By July 2016, and every 3 years at minimum, assess the work environment for employee engagement, morale, internal communication and innovation.		In progress, assigned to Quality of Life and Workplace Culture Committee.
<b>Organizational Performance</b>	By July 2016, develop a plan for identifying and selecting new grant opportunities.		Process is complete and is part of the MPHD Grants Guide. Monitoring of the process may yield further improvements.
<b>Organizational Performance</b>	By July 2016, all grants applications and contracts will use established processes for monitoring and assessing risks of grant opportunities.		
<b>Organizational Performance</b>	By July 2016, develop a plan to enhance our billing capacity.		Not started yet; currently hiring for this position.
<b>Organizational Performance</b>	By July 2016, become an in-network provider to marketplace insurance.		Not started yet; currently hiring for this position.
<b>Organizational Performance</b>	By July 2016, create policies/procedures regarding how organizations interested in being a “friends of” organization of MPHD (as a department or for a specific program) can get involved (subject to appropriate approval by Legal, the Board, etc.).		Not started yet; currently hiring for this position.
<b>Organizational Performance</b>	By July 2016, implement Kronos timekeeping system.		Staffing vacancies and other department priorities have delayed implementation.

# Performance Monitoring Team

## Semi-Annual Status Report

Strategic Organizational Goal	Activity	Status	Information
Organizational Performance	By July 2016, develop a plan for SharePoint implementation for the department.		
Organizational Performance	By December 2015 and ongoing, adopt a departmental QI plan.		Plan has been adopted, and implementation underway.
Community Collaboration	By December 2015, develop a monitoring and evaluation plan for the current Community Health Improvement Plan (CHIP).		Plan is being monitored through bi-annual reports on <a href="http://www.healthynashville.org">www.healthynashville.org</a>
Community Collaboration	By December 2015 and updated a minimum of every three years, publish a report on health equity and social determinants of health in Nashville.		Health Equity in Nashville report release May 2015. Used to drive conversation at the 6 <sup>th</sup> Annual Health Nashville Summit, report found <a href="http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/MetroNashvilleHealthEquityReport2015.pdf">http://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/MetroNashvilleHealthEquityReport2015.pdf</a>
Community Collaboration	By December 2015, convene community partners to launch the state of health equity and social determinants of health in Nashville report at the 6th annual Healthy Nashville Summit.		6 <sup>th</sup> Annual Healthy Nashville Summit held on Friday, June 5, 2015. Theme of Summit was Health Equity.
Health Equity	July 2016, establish a department health equity team with a representative from each bureau.		Team leads have been identified. Member recruitment is up next.
Communications	By 2016, develop and implement an agency-wide brand strategy.		Brand Standards, Public Relations and Design Request Forms on intranet.
Communications	By July 2016 and ongoing, deliver health literacy trainings to increase cultural competence and develop effective public health messages.		Currently identifying online health literacy courses.
Communications	By December 2015, establish a communications system to generate information, from all levels of staff, to promote and build awareness and support for MPHD.		Communication Staff meets hosts quarterly brainstorming sessions with staff and regularly asks for program updates during weekly ELT meetings. Efforts are ongoing.

# Organizational Chart



Approved by the Metropolitan Board of Health on March 10, 2016

PROFESSIONALISM RESPECT INTEGRITY DEDICATION EQUALITY



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

## **Director's Update to the Board of Health**

### **March 2016**

#### **Improve and Sustain Family and Child Well-Being**

##### **Summit**

A reminder the 6th Annual Health Nashville Summit will be Friday, April 22 at Trevecca Community Church. This year's theme is "Building Healthy Brains" and the lineup of speakers is first rate. Author and researcher David Williams is the plenary speaker; CDC Director Dr. Tom Frieden has agreed to be the luncheon speaker; and Mayor Barry will deliver a call to action. The work of the summit will revolve around Adverse Childhood Experiences (ACEs). Details at: [www.healthynashville.org](http://www.healthynashville.org)

#### **Promote and Support Healthier Living**

##### **Book Release**

*Shaping the Healthy Community*, being published under the auspices of the Nashville Civic Design Center and including a chapter by me, will have a book release event here on April 26<sup>th</sup>. This has been in the works for some time; the impetus was the CPPW grant funding we received here for three years. We are glad to see this project come to fruition.

##### **Public Health 3.0**

I mentioned before that Dr. Karen DeSalvo, Assistant Secretary for Health, Department of Health and Human Services, is coming as part of her efforts to promote what she is calling Public Health 3.0. She is undertaking a five-city tour this spring and summer to learn from local communities providing public health in a way that explicitly includes partnerships with the local community. And they are doing so in the absence of any broadly accepted framework. Public Health 3.0 is intended to be this framework, emphasizing policy, systems and environmental level actions across sectors that are intended to affect the social, environmental and economic determinants of health. The framework envisions the transition of public health beyond the traditional set of programs to include being the chief health strategists for their community as well. She will be here on June 14. Invitations should be issued soon.

##### **HiAP**

The Health in All Policies Leadership Roundtable held a quarterly meeting last month and heard an informative presentation about Metro's new Work/Life Program (formerly Employment Assistance Program) vendor. The vendor provides a wide range of services for all Metro employees and their families geared to reducing stress virtually wherever it arises, from legal assistance to pet sitting to counseling to helping with flight reservations, even personal ones. The uptake on these services

historically has been low; the HiAP group has set itself the task of increasing usage in the belief that it could help lessen the stress of our employees and help them achieve a better work/life balance.

### **World Health Organization visit**

We were pleased to host a World Health Organization delegation last month. Isabelle Wachsmuth-Huguet gave a presentation to our staff about the relationship between local and global health, with a focus on systems thinking, communication, and evidence-informed policy-making. She spoke about her experiences working with the WHO and shared resources from WHO that are pertinent to local public health. The presentation was sponsored by the Nashville Public Health Learning Collaborative.

### **Create Healthier Community Environments**

#### **HNLC**

The zoning position statement of the Healthy Nashville Leadership Council that this Board endorsed at its last meeting was presented to the Metro Council's Ad Hoc Committee on Housing on February 18. HNLC co-chairwomen Freida Outlaw and Elisa Friedman presented the statement and fielded questions from the council members. Their input was well received and the statement is now part of the record of the Metro Council as it considers how to configure its affordable/workforce housing proposal.

### **Prevent and Control Epidemics and Respond to Public Health Emergencies**

#### **World TB Day**

Tuberculosis remains one of the top causes of infectious disease across the globe. Cases in Davidson County have been decreasing for the past decade, with 37 cases reported in 2014; however, the case rate remains higher than the state and national average. March 24 is World TB Day, and the TB Elimination Program staff is working this month to raise awareness of TB in the community. This year the TB program will be providing information on two Spanish radio programs, and hosting an informational forum at the health department with learning stations and stories of people impacted by the disease.

### **Increase Access and Connection to Clinical Care**

#### **Presumptive Eligibility**

Ten staff members have completed the training to be Certified Application Counselors and late last month began enrolling people in insurance through the Federally Facilitated Marketplace. They are currently using paper enrollments, unfortunately, while we await security clearances from Metro IT to begin using Metro computers for on-line enrollment. The computers have been purchased and are in hand.

## **Mental Health**

There are vigorous conversations under way across Metro departments and other partners regarding a potential realignment of the way our community provides mental health services. Too often the system defaults to criminalization and uses the jail as the default destination for people who would be better served in a different environment. We are actively facilitating these conversations and are working on with a wide range of other concerned parties on a proposal for the Mayor in the current budget cycle. The planning group has identified eight areas addressing the following question: “What do we need to have in place to serve our community and improve outcomes for people with mental illness in Metro Nashville/Davidson County?”

## **Ryan White**

The annual Ryan White Planning Council meeting was Feb. 16. The meeting is designed to enhance community collaborations and present the annual Ryan White Partnership Award to a community stakeholder who has demonstrated effective collaboration with the HIV community. Joanne Pulles of HCA was the featured presenter. Mary Bufwack of Neighborhood Health received the Ryan White Partnership Award in recognition of her agency’s partnership with Nashville CARES and Street Works in applying for and receiving a five-year, multi-million dollar grant to develop a first-of-its-kind LGBTQI community health services center called “My House.” We thank these planning council volunteers for their efforts on behalf of the community.

## **Organizational Updates**

### **New Hires**

We’re pleased to welcome two new bureau directors and the new Civil Service Medical Examiner, all of whom have joined us since the last Board meeting. This was a thorough process, and we appreciate your patience and assistance, in particular Ms. Etherington’s efforts.

Muriel Hodgson-Vargas has assumed the role of Director for the Bureau of Community Health. Peter Fontaine started last week as Bureau Director for Finance. And Dr. Matthew Hine last month became our new CSME.

I’ve sent you biographical notes on each. We’re glad to have them on board.

I’d like to take a moment to thank Sanjana Stamm and Jim Diamond for their able work as interim directors in Community Health and Finance, respectively, and Dr. Deidra Parrish for filling in as CSME.

But Dr. Parrish herself will be leaving us at the end of the month to take a job with the state Health Department. We thank her for her service, and wish her well.



## **Budget and PIPS**

As I reported last month, Mayor Barry is taking a different tack with respect to departmental budget requests. They are in effect bifurcated into standard operating budgets and collaborative budget projects.

The largest increase in our standard operating budget would be the result of adopting the new pay plan, which is on the Civil Service Board agenda today.

We are involved at some level with several Public Investment Plans (PIPs), as the budget collaborations are called. The four subjects of these enterprises are:

- Mental Health (see above)
- School Health (expansion of school nurses)
- Food System Development
- Animal Welfare

# Metro Animal Care and Control

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Monthly Report  
February 2016



**METRO NASHVILLE**  
ANIMAL CARE & CONTROL

## February 2016 Intakes

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Owner Surrender	9	52	37	91	11	0	<b>200</b>
Request for Humane Euthanasia	0	9	1	19	0	0	<b>29</b>
Stray	3	20	17	126	4	0	<b>170</b>
<b>Total</b>	<b>12</b>	<b>81</b>	<b>55</b>	<b>236</b>	<b>15</b>	<b>0</b>	<b>399</b>

**Kitten/Puppy:** 6 weeks old to 11 months old

**Adult Cat/Dog:** 1 year or older

**Other:** Includes Livestock, small animals

## February 2015 to 2016 Intakes

	2015				2016			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Owner Surrender	47	135	5	<b>187</b>	61	128	11	<b>200</b>
Request for Humane Euthanasia (Owner Surrender)	1	13	3	<b>17</b>	9	20	0	<b>29</b>
Stray	26	115	9	<b>150</b>	23	143	4	<b>170</b>
<b>Total</b>	<b>74</b>	<b>263</b>	<b>17</b>	<b>354</b>	<b>93</b>	<b>291</b>	<b>15</b>	<b>399</b>

## February 2016 Outcomes\*

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Adopted	9	18	26	75	1	0	129
Transferred to Rescue Agency	5	21	18	33	1	0	78
Returned to Owner	0	3	3	49	1	0	56
Community Cats Program	0	6	0	0	0	0	6
Humanely Euthanized	2	19	4	56	2	0	83 (14%)
<b>Total</b>	<b>16</b>	<b>67</b>	<b>51</b>	<b>213</b>	<b>5</b>	<b>0</b>	<b>352</b>

**Kitten/Puppy:** 6 weeks old to 12 months old

**Adult Cat/Dog:** 1 year or older

**Other:** Includes Livestock, small animals and wildlife

## February 2015 to 2016 Outcomes\*

	2015				2016			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Adopted	29	77	3	<b>109</b>	27	101	1	<b>129</b>
Transferred to Rescue Agency	34	69	7	<b>110</b>	26	51	1	<b>78</b>
Returned to Owner	1	45	1	<b>47</b>	3	52	1	<b>56</b>
Community Cat Program	0	0	0	<b>0</b>	6	0	0	<b>6</b>
Humanely Euthanized	112	119	9	<b>320 (25%)**</b>	21	60	2	<b>83 (14%)**</b>
<b>Total</b>	<b>151</b>	<b>382</b>	<b>18</b>	<b>384</b>	<b>83</b>	<b>264</b>	<b>5</b>	<b>352</b>

\*Outcome Data will rarely match Intake Data due to the fluidity of the shelter census. Animals are constantly being moved through the "Animal Flow Through" process.

\*\*This percentage does not include Owner Requested Euthanasia and Wildlife.