

Metropolitan Board of Health of Nashville and Davidson County November 9, 2017 Meeting Minutes

The meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Carol Etherington at 4:05 p.m. in the Board Room, on the third floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville TN 37209.

Present

Carol Etherington, RN, MSN, Chair
Thomas Campbell, M.D., member
Samuel L. Felker, J.D., member
Alex Jahangir, M.D., MMHC, member
Margreete Johnston, MD, MPH, member
William S. Paul, MD, MPH, FACP, Director of Health
Sanmi Areola, PhD, Deputy Director and Interim Director of Environmental Public Health Bureau
Peter Fontaine, CPA, MBA, Director of Administration and Finance Bureau
Tom Sharp, Director of Policy
Lauren Bluestone, Director, Metro Animal Care and Control
Staci Cannon, D.V.M., Metro Animal Care and Control
Becca Morris, Public Relations Coordinator
Josh Lee, JD, Metropolitan Department of Law

BOARD OF HEALTH

Update from the Breastfeeding Coalition

Dr. Johnston gave a brief overview of an initiative to encourage breastfeeding among incarcerated women, and asked if the Board would issue a letter of support.

The matter was tabled.

MACC Program Update

Lauren Bluestone and Dr. Staci Cannon shared a video “High Five Adoptions,” and updated the Board on the Animal Care and Control program (Attachment I). Board members were invited to visit the shelter to become more familiar with the program.

Proposed Board Advocacy Process

Tom Sharp shared proposed guidelines for the Board’s advocacy efforts for fiscal year 2018 (Attachment II). The Board asked that a revised proposal be presented at the December meeting.

Performance Objectives Fiscal Year 2018

Dr. Paul presented a draft of Departmental Performance Objectives for Fiscal Year 2018 (Attachment III). Mr. Felker requested a preamble that would explain the document’s purpose, and that objectives related to contract monitoring as well as Animal Care and Control be included.

Chair Etherington requested the revised document be presented at the December meeting.

Approval of Grant Applications

Peter Fontaine presented one item for approval:

Rachael Ray Foundation Save Them All Grants (Best Friends Animal Society)

Term: January 1-December 31, 2018

Amount: \$10,000

Dr. Jahangir made a motion to approve the grant application as presented. Dr. Johnston seconded the motion, which passed unanimously.

Approval of Grants and Contracts

Peter Fontaine presented five items for approval:

- 1. Tennessee Department of Health – Mosquito Control Grant Amendment #1**
Term: July 1, 2017-June 30, 2018
Amount: \$90,000 (no change)
- 2. Tennessee Department of Health – HIV, STD & Viral Hepatitis Grant**
Term: July 1, 2017-June 30, 2018
Amount: \$941,300 (\$55,200 decrease)
- 3. Best Friends Animal Society Support of the Adopt-A-Shelter Dog Event Sponsored by Lagunitas**
Term: Not Applicable
Amount: \$5,000
- 4. Mars Petcare Sponsorship of Adopt-A-Shelter Event in 2016 and 2017**
Term: Not Applicable
Amount: \$13,200
- 5. Best Friends Animal Society Service Enterprise Certification Training**
Term: Not Applicable
Amount: Valued at ~\$7,000

Dr. Jahangir made a motion to approve the grants and contracts as presented. Mr. Felker seconded the motion, which passed unanimously.

Approval of the October 12, 2017 Regular Meeting Minutes

Dr. Johnston made a motion to approve the minutes of the October 12, 2017 Board of Health regular meeting as written. There being no objection, the motion passed unanimously.

Approval of the October 25 and 26, 2017 Retreat Minutes

Mr. Felker made a motion to approve the minutes of the October 25 and 26, 2017 Board of Health retreat, with the following amendments:

- **The addition of Dr. Campbell and Dr. Jahangir to the participant list;**
- **A correction [in italics below] to a paragraph in the section “Report: Essential Board of Health Steps Going Forward,” to reflect the agreement as determined at the retreat:**

“The possibility of amendment to the Metro Charter on the requirement of a medical doctor was discussed at length. Ms. Hall advised that Metro HR would gather information about the number of health directors who are M.D.s, and the number who are Ph.D.s. The Board agreed that having the information would aid in anticipating an effect on the candidate pool, and thus inform a decision about pursuing amendment to the Charter at a future date.”

Dr. Campbell seconded the motion, which passed unanimously.

Director’s Report

Dr. Paul referred to the Director’s Update provided in the Board packet (Attachment IV).

Dr. Paul drew the Board's attention to the edition of the CityMatCH magazine, *CityLights*, which had been provided to the Board, and featured an article, "Infant Vitality Collaboration," by D'Yuanna Allen-Robb, director of the Department's Maternal, Child and Adolescent Health program. Dr. Paul and the Board recognized Ms. Allen-Robb and her leadership in CityMatCH.

Dr. Paul also announced that October 31, 2017, marked the end of another ozone season, and that it was a very good year, as Davidson County was under the limit for ozone. He also stated that on November 6, 2017, EPA officially designated the Middle Tennessee region as "Attainment" for the 2015 8-hour Ozone NAAQS.

Dr. Paul said he would also share more information about the MPHD being asked to lead the Community Partnership Fund, a Metro-funded competitive grant program for non-profits serving residents in Nashville and Davidson County. Metro has asked the Department to re-design the process for grants related to community health. There will be a \$200,000 grant making process, which he is confident will reinforce the community health improvement work already underway. Dr. Celia Larson-Pearce will be leading the effort.

Report of the Chair

Chair Etherington thanked staff and Board members for participating in the Board Retreat.

Chair Etherington complimented the Department and particularly those who helped plan and staff the November 1 All Staff meeting held at Trevecca Community Church.

Chair Etherington encouraged Board members to contemplate attending the August 8-10, 2018 in Raleigh, North Carolina. She also noted that NALBOH is accepting abstracts through January 15, 2018, and hoped that submitting an abstract related to the animal health-human health connection or other topic would be considered.

CIVIL SERVICE BOARD

Approval of Job Classifications

Dr. Areola presented and requested approval for four job classifications (Attachments V-VIII).

Dr. Johnston made a motion to approve the job classifications as presented. Dr. Campbell seconded the motion, which passed unanimously.

Personnel Changes

Dr. Areola presented the 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 December 14, 2017, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at approximately 6:00 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN
Chair



Metro Animal Care & Control

PROGRAM UPDATE 2017

Kennel Operations

Adoption Promotion and Marketing

Decreased Length of Stay for both canine and feline

Animals Healthier

Closer to Humane Capacity

Daily Rounds

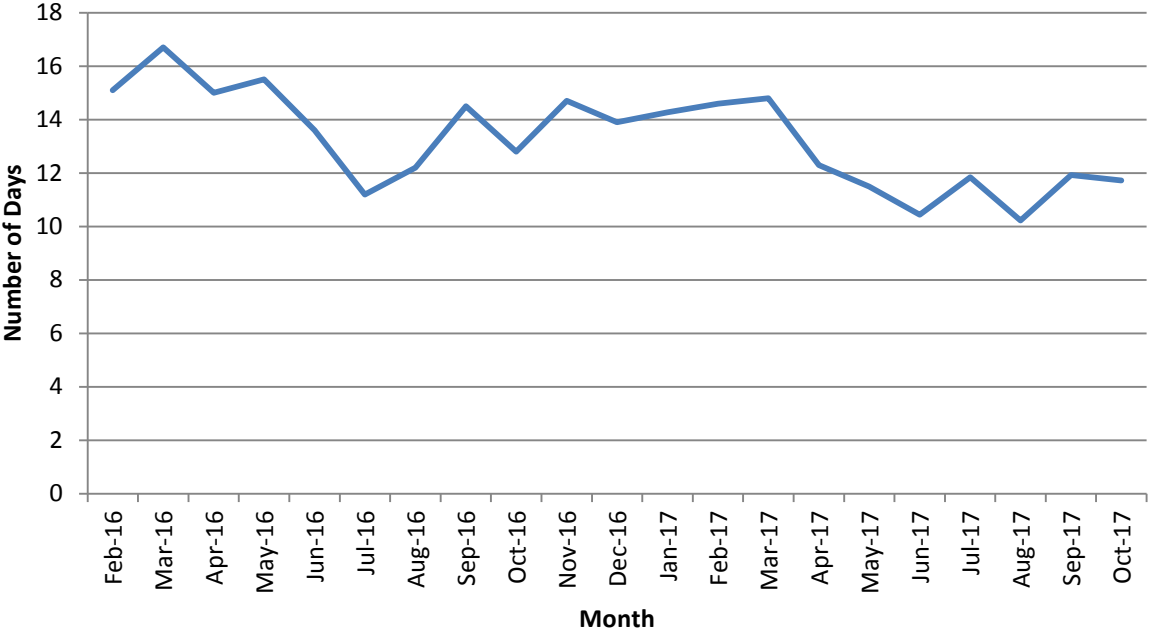
- Decreased Length of Stay for both canine and feline
- Team approach determines pathways for animals
- Increase Live Outcomes

Cat Housing Improvements

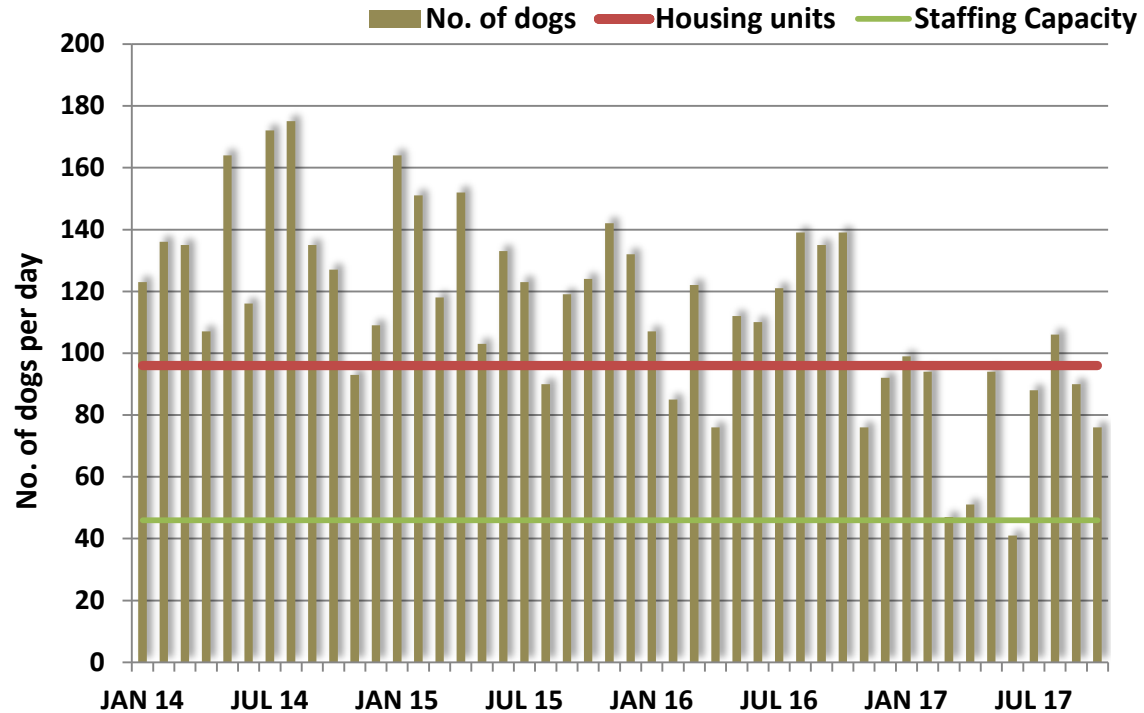
- Eradicated Upper Respiratory Infection (URI) contracted inside the shelter
- Last case of shelter contracted URI was in November 2016



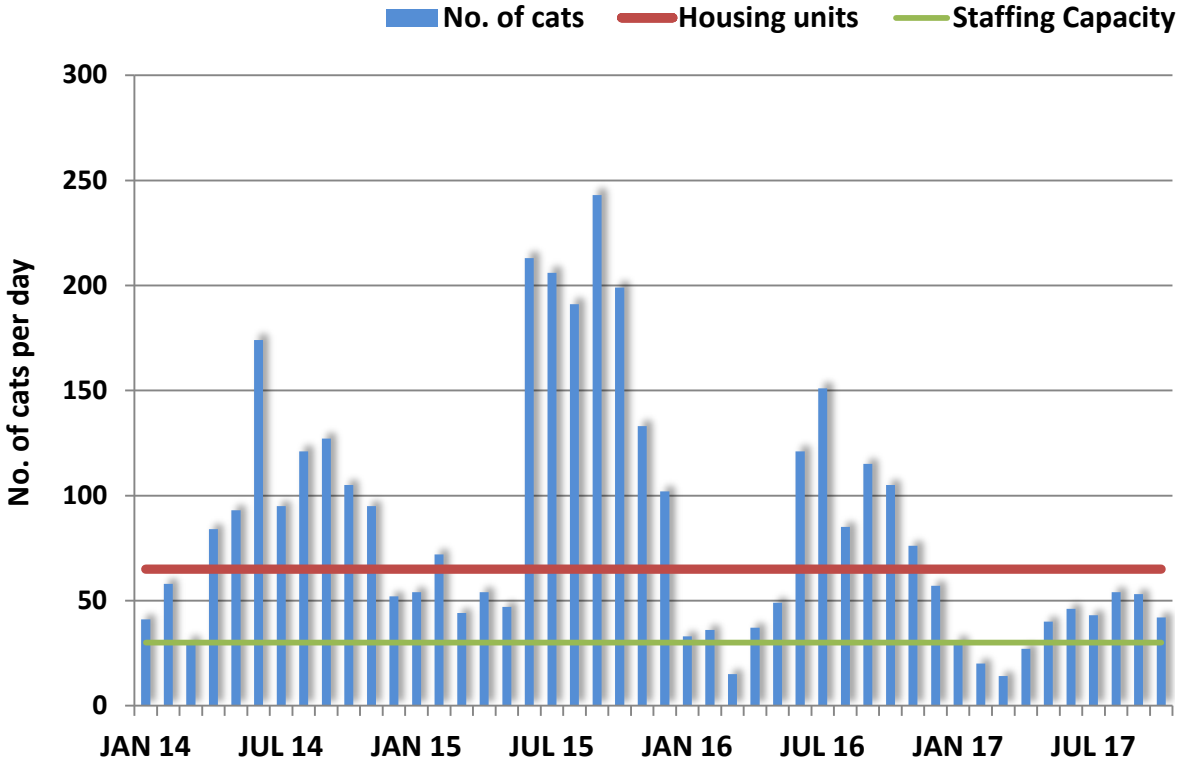
Average Monthly Length of Stay



Canine Daily Census vs. Housing Units



Feline Daily Census vs. Housing Units



Field Operations

NEW Staggered Shifts

- 24/7 Coverage 4 days a week
- Improved Retention and Staff Morale

Increased Staff Training

- All Animal Control Officers (ACO) will complete a National Animal Control Association Course
- In-House Training Monthly

Improved Call Response

- Streamline process to perform calls more efficiently
- Meeting all response time requirements
- Education of public increases positive public perception



Program Operations

Foster/Rescue Program

- Staff person hired and in-training
- Continued increase in number and increased fostering levels.

Volunteer Program

- Staff person hired in April 2017
- Built Shelter Enrichment Program (i.e Playgroups)
- Volunteer Hours increased by 200% from 2016

Safety Net Program

- Managed Open Admissions Pilot began October 2017
- Secured Grant Funding through Pet Smart Charities

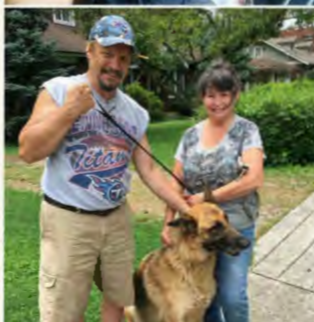


NO LOST PETS Nashville

The No Lost Pets NASHVILLE program was developed by Metro Animal Care and Control to increase the chances of pets being returned to their owners.

WHY?

To reunite lost pets with their families, while improving live outcomes at the shelter. Similar programs have proven to improve Return to Owner percentage by 2% in year one and by more than 4% in year two of the program.



NO LOST PETS
NASHVILLE



No Lost Pets Nashville

- **Free Ride Homes**
- **Low-Cost Microchip Clinics Weekly**
- **Online Lost Forms Review Process**
- **Stray of the Day**
- **No Lost Pets July 4th Edition**



METRO NASHVILLE
ANIMAL CARE & CONTROL

MACC STATS

Animal Intake

	2012	2013	2014	2015	2016	2017 - YTD
Number of Animal Intake (Any and all intakes)	9312	9262	8468	6422	6818	6494
Number of Stray Animals (Any and all with no owner information. Includes Wildlife)	4644	4882	4088	2980	3258	3429
Number of Owner Surrenders (Any and all that has owner information.)	4668	4380	4380	3442	3560	3065



MACC STATS

Animal Outcome

	2012	2013	2014	2015	2016	2017 - YTD
Number of Animal Outcomes (Any and all outcomes)	9273	9351	8436	6446	6845	6440
Number of Animals Adopted	1211	1612	1578	1981	2777	2325
Number of Animals Transferred	113	290	1205	1266	1758	1765
Number of Animals Euthanized*	6884	6217	4567	1734	948	772
Number of Owner Requested** Euthanasia and Wildlife Euthanized						
Number of Other Outcomes (Includes: Foster, Died, Relocated)	205	439	339	319	162	106
Number of Animals Returned to Owner	557	517	554	521	724	1047

**Excludes Owner Request and Wildlife*

***2012-2013 include Owner Request Only. 2014-2017 include Owner Request and Wildlife.*



MACC STATS

Field Operations

	2012	2013	2014	2015	2016	2017 - YTD
Number of Calls for Service	15,497	13,079	13,688	11,576	17,854	21,023
Number of Stray Calls	7758	6453	5504	4002	5721	7689
Number of Neglect Calls	2395	2103	2719	2756	4702	4495
Number of Wild Animal Calls	524	480	515	526	263	333
Number of Barking Complaint Calls	525	534	505	443	214	201
Number of Bite Investigations	1422	1042	1053	641	1327	1316



National Data Matrix Report

- **Nationally Recognized**
- **Standardized**
- **Progressive**



METRO NASHVILLE
ANIMAL CARE & CONTROL

A group of approximately 15-20 people, including staff and volunteers, are gathered in a large kennel area. They are all waving and smiling, creating a celebratory atmosphere. The kennel consists of rows of metal cages. A long, narrow table covered with a light blue cloth runs down the center of the aisle. The background shows a large window overlooking a body of water.

**THANK
YOU!**



METRO NASHVILLE
ANIMAL CARE & CONTROL

GUIDELINES

- Only issues within the scope of the advocacy principles approved by the Board of Health are eligible for Board advocacy. The Board will adopt a list at least annually, and may amend it at any time.
- The Board's advocacy will be targeted to inform evidence-based decisions on areas in which MPHD is involved directly or through collaborations with community partners.
- The Board's position statements on specific issues will be created by MPHD staff. The position statements require prior approval by the appropriate stakeholders within MPHD and the Metro Government.
- The Board of Health will be apprised of all issue briefs and position statements issued on its behalf. MPHD staff will collect and convey any responses, and regularly (INTERVAL TO BE ESTABLISHED) report transmissions and responses to the Board. Outcomes for issues so addressed will be reported annually.
- Board of Health issue briefs are to be informative; the goal is to provide input that is informed by MPHD's experience.

BOARD OF HEALTH ADVOCACY PRINCIPLES 2017-18

1. Board of Health advocacy should be limited to issues with a direct connection to the customers, mission and funding of the Metro Public Health Department.
2. Board advocacy may support MPHD's role as health strategist on issues in which MPHD does not play a direct service role. Such advocacy nevertheless should connect directly to issues in which MPHD plays a significant role in guiding, informing or enabling a community response.
3. Decisions on Board advocacy should be guided by MPHD's Strategic Plan and by the Community Health Improvement Plan.

EXAMPLES

4. Smoking/Tobacco
 1. Exemptions to or lessening of state pre-emption of tobacco control legislation.
 2. Public policies shown to decrease smoking incidence or extent (i.e., tax increases, expanded non-smoking authorities, advertising restrictions).
5. Public Funding
 - Federal – Regarding grants or other funding made directly or indirectly to MPHD or its partners.
 - State – Regarding grants or other funding made either directly or indirectly to MPHD or its partners.
 - Local – Regarding the allocation of local funds directly to MPHD or its partners (i.e., support for the Community Mental Health Systems Improvement plan, or an expanded school nursing program).
6. Policies affecting health
 - Environmental protection (i.e., regulations on air quality)
 - Housing
 - Transportation—policies that facilitate walking, biking, mass transit
 - Food access and quality
 - Equity

BOARD OF HEALTH ADVOCACY PROCESS

Mission: To establish a system for advocacy on behalf of the MPHD Board of Health on issues of with a direct connection to the work of MPHD and its partners in Davidson County.

Goals:

1. Board of Health will:

- A) Identify principles of advocacy;
- B) Establish guidelines for developing and communicating the Board's position;
- C) Establish a process for tracking transmissions, responses and outcomes on the issues addressed.

The Board would approve annually a list of advocacy principles and priorities to be applied to issues identified as pertinent to the work of MPHD in the department's Strategic Plan, the Community Health Improvement Plan, or others as they might arise. The Board would authorize the Department to convey the Board's position to recipients across the spectrum, from members of Congress considering alterations to the Prevention and Public Health Fund, for example, or to members of the state Legislature considering changes to tobacco pre-emption legislation.

Each advocacy item would be tracked and reported to the Board, as would outcomes for the issues addressed.

MPHD does not foresee using this type of advocacy frequently, although there might be multiple iterations of a single position statement as the action moves around in the legislative process, for example.

The goal is to provide flexibility to lend the Board's voice to issues as they arise, often with little notice.

WHY ARE WE PROPOSING THIS?

The Board has expressed on several occasions a desire to advocate for public health issues and asked how it would be best to do that. This proposal in no way restricts or alters board members' interactions in the community and their ability to educate and/or advocate for MPHD or public health issues in general. It would be a way to get the Board's positions spread more broadly, often on issues of statewide or national importance with impacts in Davidson County.

Draft Performance Objectives

Dr. Bill Paul

Fiscal Year 2018

Accreditation and Quality Improvement.

- Keep Accreditation on Timeline to achieve PHAB accreditation by end of 2018.
- Advance Quality Improvement Culture—includes designated QI/performance management coordinator in each bureau (4 of 5 have done this)
- Establish performance management team, population measures for organizational goals, and revisit process/output measures in coordination with Mayor's office.

Strategic Plan

1. Workforce
 - a. New HR leadership. Move HR to Director's Office. (Sanmi)
 - b. Annual Staff Meeting November 1; Visits to sites for town hall x2
 - c. Transition Plan (formerly succession planning) (Shoana lead)
 - d. Develop/implement recommendations from culture assessment (Sanmi lead)
2. Organization Performance
 - a. Implement plan to enhance Billing: (Peter)
 - b. Philanthropy/Systems: A model for partnerships that organizes philanthropic support for public health initiatives (BP, Celia)
 - c. Technology: E.P.I. (State EHR) implementation (?)
 - d. Implement \geq two strategies to address squeeze of grants caused by salary increases (Peter lead)
3. Partnerships
 - a. See "health strategist" below
 - b. Seek recognition for MPHD staff through awards and publications. (Sanmi, Celia)
4. Equity (Sarah and Equity committee)
 - a. Refine equity plan
 - b. Assess staff
 - c. Implement training
5. Communication
 - a. Newsletter restart (Brian)
 - b. Develop vision and proposal to build capacity for multicultural communications

Strategic Pillars

Unique, Essential Services to Protect, Improve, and Sustain Health

- Grow school nursing team and advance the role of school nurses
- Develop proposal for linking or integrating STD/HIV and Family Planning services (Muriel, Shoana)
- Redesign of children's care coordination/case management (TDH)
- Transition programs that are not essential to mission. (Sanmi facilitates, ELT)

Community Health Strategist

- **Healthy Nashville:** Launch next Community Health Assessment with new partners at the table
- Advance work of Community Mental Health Systems Improvement workgroup to measurably improve mental health and substance abuse services. Support public campaign to fight stigma and support better treatment
- Support an Opioid prevention/response Task Force; develop and implement response plan.
- Develop "Ending the Epidemic" plan for HIV
- Develop in collaboration with MNPS a strategic plan for healthy schools and establish a School Health Advisory Committee.
- Advance Health in All Policies
- Complete plan for forensic exams after sexual assault and launch model. (BP)

Expert on Nashville's Health

- Develop MPHD Diversity and inclusion Assessment and plan (HR)
- Develop MPHD Cultural Competency Strategy (ELT)
- Advance description of equity/inequity of health in Nashville for use in CHA
 - Sub county estimates of life expectancy
 - Advance other sub-county measures
- Assess/establish surveillance for opioid related morbidity and mortality;
- Establish population metrics for key population health goals.

Director's Update to the Board of Health

November, 2017

Improve and Sustain Family and Child Well-Being

Infant Mortality

As an update to our report to you last December, we are pleased to report a 14 percent decrease in sleep-related infant deaths in 2016, as compared to the previous year. Importantly, this was the first decrease in this number in the last three years. As you know we lead a city-wide campaign "The ABCs of Safe Sleep" (Alone, on their Back, in a Crib). We have been pursuing this approach since 2012 after we identified, through a variety of assessment tools, that sleep-related deaths were a substantial and preventable cause of infant deaths in our community. Our efforts to combat infant deaths were featured at the national CityMatCH conference in Nashville in September. You have a copy of their magazine on your desk.

Promote and Support Healthier Living

Gas Compressor Station

The public hearing on a permit for a proposed natural gas compressor station in the Cane Ridge area was held here on October 18. A dozen people spoke at the hearing, and by the close of the written comment period a week later we had received 140 responses, some of which are voluminous. The Air Pollution Control division is working on its responses now. Those responses will be forwarded to the EPA for its consideration, and made available to the public as well.

Mental Health

You may have seen a story on the front page of the business section in The Tennessean on October 29 about the work we've been leading on pre-arrest diversion for people with behavioral health issues through the Community Mental Health Systems Improvement effort. The story also was covered by channels 5 and 4 locally and featured in Mental Health Weekly magazine. We, along with the Mental Health Cooperative and Commissioner Marie Williams of the state Department of Mental Health and Substance Abuse Services were recognized for our efforts by the community group NOAH.

ACES

MPHD's Angie Thompson and Jennifer Drake-Croft of the Tennessee Commission on Children and Youth presented at the Southeast ACE Conference in Asheville last month on "All Children Excel: ACE Nashville: Lessons We've Learned on the Road to Collective Impact." The presentation provided an opportunity to showcase the work of the Healthy Nashville Leadership Council, Nashville's unique and successful use of a public health approach and collective impact to address adverse childhood experiences. Angie also was interviewed by a Cookeville television station for a series called *Building Strong Brains: ACEs, The Tennessee Story*. Brief messages may be drawn from these episodes for use on other social media platforms, between longer programs and for public service messages. Content will be made available to other public television stations statewide.

Create Healthier Community Environments

Barges

As I mentioned to you in a note a couple of weeks ago, the Air Pollution Control staff responded to numerous complaints of a “burning chemical” smell in The Nations area of town in early October. After a few days of patrolling the neighborhoods without success, they identified a possible cause – smoldering coal barges on the Cumberland River adjacent to the Tennessee State University campus. The barges were docked below a substantial drop-off and very difficult to see from any readily accessible point, but the investigators found them. The owner of the barges (Ingram Marine Services) and the owner of the coal (TVA) responded quickly to deal with the immediate issue. We have met with officials from both organizations since then to discuss how to avoid a repeat, and believe their plans are adequate.

Prevent and Control Epidemics and Respond to Public Health Emergencies

Opioids

The MPHID opioid response team will host a meeting for key stakeholders here on Nov. 30. We will present the most recent data and update everyone on currently planned activities. Next week the state Department of Health is holding a two-day summit on its opioid response plans, which we will attend. Earlier this week we hosted a regional seminar by the forensic medical examiner’s office to help guide law enforcement officials’ understanding of what the examiner needs in terms of a death scene investigation, which included a presentation on situations where an overdose death is suspected. At the end of her speech at the All-Staff meeting on November 1, Mayor Barry expressed in moving and personal terms her hopes for the success of this work.

HIV

A reminder the Ending the Epidemic Summit is scheduled for Friday, December 1, at the Cal Turner Center on the Meharry Medical College campus.

Increase Access and Connection to Clinical Care

ACA Enrollment

As we have every year since the Affordable Care Act marketplace insurance plans came into effect, we are providing meeting space for navigators to help people get enrolled in health insurance. Open enrollment began last week (November 1) and is complicated this year by a shortened enrollment season (six weeks instead of 12) and various other changes that have been made at the federal level, including reduced advertising and a 90 percent reduction in funding for navigators.

Organizational Updates

All-Staff Meeting

Our All-Staff meeting was on November 1. Board Chair Carol Etherington joined us and spoke to the group, as did Mayor Barry and former Mayor Bill Purcell. Among many high points of the day was the world premiere of the Dental Divas video featuring members of our dental staff, a light-hearted presentation of a serious message about dental hygiene. Mayor Barry spoke about the value of our work to the city, about the upcoming transportation initiative, and as noted earlier offered her heartfelt support of the opioid response work. It is logistically complex to get everyone from all our sites in one

place, but we feel the sense of purpose and unity created by having everyone in one room together is worth it. As an adjunct I have held small, informal “town hall” meetings with smaller groups at each bureau and will continue to do so.

HR Manager

Les Bowron has accepted our offer to be the new Human Resources Manager, beginning on December 1. Les comes to us from Metro HR where he has worked for 10 years. He is a native of Wyoming, where he served eight years in the state Legislature. He is a lawyer by training and a drummer by avocation. We look forward to him joining us.

And Finally ...

Best wishes to all for a safe, happy and healthy Thanksgiving.

Metro Animal Care and Control

Monthly Report

October 2017



METRO NASHVILLE
ANIMAL CARE & CONTROL

October 2017 Intakes

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Owner Surrender	9	21	5	57	0	0	92
Request for Humane Euthanasia	5	14	0	10	0	0	29
Stray	70	52	21	229	13	11	396
Total	84	87	26	296	13	11	517

Kitten/Puppy: 6 weeks old to 11 months old

Adult Cat/Dog: 1 year or older

Other: Includes Livestock, small animals

October 2016 and 2017 Intakes

	2016				2017			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Owner Surrender	98	105	11	214	30	62	0	92
Request for Humane Euthanasia (Owner Surrender)	10	52	1	63	19	10	0	29
Stray	82	161	11	254	122	250	24	396
Total	190	318	23	531	171	322	24	517

Other: Includes Livestock, small animals and wildlife

October 2017 Outcomes*

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Adopted	67	26	12	115	0	0	220
Transferred to Rescue Agency	2	1	10	41	1	6	61
Returned to Owner	0	4	4	119	3	0	130
Community Cats Program	6	19	0	0	0	0	25
Humanely Euthanized	13	25	0	53	5	3	99
Total	88	75	26	328	9	9	535

Kitten/Puppy: 6 weeks old to 12 months old

Adult Cat/Dog: 1 year or older

Other: Includes Livestock, small animals and wildlife

October 2016 and 2017 Outcomes

	2016				2017			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Adopted	77	146	1	224	93	127	0	220
Transferred to Rescue Agency	29	73	14	116	3	51	7	61
Returned to Owner	4	47	0	51	4	123	3	130
Community Cat Program	23	0	0	23	25	0	0	25
Humanely Euthanized	41	89	7	137	38	53	8	99
Total	174	355	22	551	163	354	18	535

*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.

***Not Yet Outcomed refers to animals that are still in the shelter or foster care.

Metro Animal Care and Control

Trailing 12 Month - Data Report

		Trailing 12 Month Average	
		Oct-2017	Ending October 2017
A	Intake Total	517	625
B	Stray	396	306
C	Owner Surrender	92	230
D	Owner Req. Euth	29	74
E	Wildlife	11	13
F	Other	13	25
G	Adopted	220	215
H	Transfer	61	135
I	RTO	130	96
J	ORE Euthanized	29	35
K	Wildlife Euthanized	3	7
L	Euth Total	99	116
M	Euth %	13%	12%

Data Report Key

Intakes
Outcomes

CULTURAL AND LINGUISTICS SERVICES PROGRAM SUPERVISOR

CLASS NUMBER:

FLSA CATEGORY: Non-exempt

EEO CATEGORY: Professional

JOB OBJECTIVE

Performs the professional, technical, and analytical work involved in the development, operation, evaluation, and promotion of Cultural and Linguistics Services program. Cultural and Linguistics Services Program Supervisor performs related duties as required.

Cultural and Linguistics Services Program Supervisor provides interpretation for Limited English Proficient (LEP) customers, patients and all MPHD staff. Interpretation may be rendered over-the-phone (OPI), via video (VRI), on-site, or in the field. Cultural and Linguistics Services Program Supervisor will adhere to the National Council on Interpreting in Health Care (NCIHC) and International Medical Interpreters Association (IMIA) standards of practice and code of ethics as well as all MPHD rules and regulations; and uses these as a guide to evaluate Interpreters 1, 2 and 3. Duties and responsibilities are carried out with considerable independence within the framework of established policies, procedures and guidelines. Oversees and coordinates department-wide interpretation and translation services and activities for LEP and Deaf/Hard of Hearing patients. Serves as departmental liaison to other Metro departments and professional agencies in functions related to these areas.

JOB DESCRIPTION

MAJOR JOB RESPONSIBILITIES

- Recruits, selects, mentors, schedules, and evaluates interpreting staff.
- Establishes schedules and methods of providing interpretation services.
- Interviews and test potential interpreters; tests employees in the language bank.
- Serves as department liaison to other Metro departments, external agencies and professional organizations in related issues.
- Develops opportunities to facilitate skill development for interpreters; conducts related workshops and in-services; prepares and delivers presentations as needed.
- Able and willing to train staff and providers.
- Leads discussions with co-workers regarding ethical case studies and other aspects of interpreting at staff meetings or debriefing sessions.
- Title VI Coordinator for MPHD.
- Interprets a variety of oral and written communications between LEP customers, patients and staff.
- Interprets interviews and other interactions.

- Demonstrates awareness and sensitivity to the cultural differences of customers to enhance participation and program effectiveness.
- Assists customers and patients in completing basic forms and other written communications.
- Refers customers, patients or staff to alternative interpretation sources when subject is beyond the scope of the interpreter's skill level.
- Complies with all continuing education requirements related to his/her credentials in order to maintain certification.
- Shares knowledge with co-workers at staff meetings.
- Continually develops knowledge of medical and other related terminology.
- Participates in sharing and acquiring knowledge, skills, and abilities with other interpreters.
- Participates in on-going language, interpreter, and communicative assessment process annually.
- Prepares reports and maintains records.
- Assists in coordinating activities with community agencies serving LEP populations.
- Conducts program related educational presentations.
- Participates in community outreach events or activities.
- Participates as member of community groups and coalitions as assigned.
- Oversees staff meetings.
- Attends appropriate training.
- Willing and able to work at all MPHD sites on a rotating schedule.
- Willing and able to be "on-call", when necessary.
- Prioritizes supply and demand when it comes to schedules and assignments.
- Invoicing reports to ELT and management.
- Performs other duties specifically related to division/program assignment.

SUPERVISION EXERCISED/SUPERVISION RECEIVED

Will train and lead the work of Interpreter 1's, 2's and 3's.

This classification works under the supervision of the HR Manager.

WORKING ENVIRONMENT/PHYSICAL DEMANDS

The work is mostly sedentary however, there is some walking, standing, carrying of light items, or driving an automobile. No special physical demands are required to perform the work.

The work environment involves moderate risk or discomforts, which require special safety precautions, e.g., visiting residences in a high crime area, working under poor weather conditions, exposure to contagious diseases, etc. Employees may be required to use protective clothing or gear such as masks, coats or gloves.

EMPLOYMENT STANDARDS

EDUCATION AND EXPERIENCE

Bachelor's degree in appropriate field; at least 5 years of interpreting or translating experience. Some supervisory experience preferred. Must have national certification to the extent possible for his/her

language pair from the Certification Commission for Healthcare Interpreters, National Board of Certification for Medical Interpreters or from the National Association of the Deaf.

PERFORMANCE STANDARDS

- Must demonstrate good leadership skills.
- Extensive knowledge of anatomy and medical terminology.
- Extensive knowledge of nutritional principles, personal hygiene, and principles of good health.
- Ability to work with diverse individuals and groups.
- Knowledge of multi-cultural communication.
- Extensive knowledge of their working written languages.
- Knowledge of the translation process.
- Ability to prioritize work assignments.
- Manages the triadic encounter appropriately.
- Knowledge of medical interpreter ethics and protocols.
- Ability to provide professional development for the interpreting staff.
- Must demonstrate great organizational skills.
- Knowledge of language access laws and guidelines.

GRADE LEVEL CRITERIA/ILLUSTRATION

The following examples illustrate some of the many combinations of situations, factors, and responsibilities in **ST10 Cultural and Linguistics Services Program Supervisor position:**

Performs, under general direction of upper level management, work requiring different and unrelated processes and methods.

Guidelines are available for the work of the employee, but do not cover every possible situation.

Work involves treating a variety of conventional problems, questions, or situations in conformance with established criteria.

Personal contacts may be with individuals or groups within and outside of the government in a moderately unstructured setting

LICENSE REQUIRED

Valid class "D" driver's license.

Current national medical interpreting certification issued by NBCMI, CCHI or NAD-RID

Date Approved:

INTERPRETER 1

CLASS NUMBER: 06641
FLSA CATEGORY: Non-exempt
EEO CATEGORY: Professional

JOB OBJECTIVE

Provides interpretation services for Limited English Proficient (LEP) customers, patients and all MPHD staff. Interpretation may be rendered over-the-phone (OPI), via video (VRI), on-site, or in the field. Adheres to the National Council on Interpreting in Health Care (NCIHC) and International Medical Interpreters Association (IMIA) standards of practice and code of ethics as well as all MPHD rules and regulations.

JOB DESCRIPTION

MAJOR JOB RESPONSIBILITIES

- Interprets a variety of oral and written communications between LEP customers, patients and staff.
- Respects the triadic encounter (patient-provider-interpreter) and understands the parameters of their role in that encounter.
- Interprets interviews and other interactions.
- Demonstrates awareness and sensitivity to the cultural differences of customers to enhance participation and program effectiveness.
- Assists customers and patients in completing basic forms and other written communications.
- Refers customers, patients or staff to alternative interpretation sources when subject is beyond the scope of the interpreter's skill level.
- Participates in continuous study, training and individual or group mentoring sessions to enhance interpreter knowledge, skills, and abilities.
- Participates in training to enhance and improve the pronunciation, vocabulary, and syntax of a second language.
- Continually develops knowledge of medical and other related terminology.
- Participates in sharing and acquiring knowledge, skills, and abilities with other interpreters.
- Prepares reports and maintains records. Maintains a personal session count.
- Checks voicemails routinely and follows up on all messages.
- Attends scheduled staff meetings and appropriate trainings
- Receives routine medical and/or skill assessments
- Willing and able to work at all MPHD sites on a rotating schedule.
- Performs other duties specifically related to division/program assignment.

SUPERVISION EXERCISED/SUPERVISION RECEIVED

This is a non-supervisory classification.

This classification works under the supervision of the Interpreter Coordinator.

WORKING ENVIRONMENT/PHYSICAL DEMANDS

The work is mostly sedentary however, there is some walking, standing, carrying of light items, or driving an automobile. No special physical demands are required to perform the work.

The work environment involves moderate risk or discomforts, which require special safety precautions, e.g., visiting residences in a high crime area, working under poor weather conditions, exposure to contagious diseases, etc. Employees may be required to use protective clothing or gear such as masks, coats or gloves.

EMPLOYMENT STANDARDS

EDUCATION AND EXPERIENCE

High school diploma or GED required. Interpretation experience preferred. Candidates must successfully pass a pre-employment assessment of language proficiency and interpreter/communicative skills administered by a professional interpretation service.

Completes and provide proof of 3 hours of interpreting training annually.

PERFORMANCE STANDARDS

- Must demonstrate an acceptable level of proficiency of second language through a formal assessment process administered by a professional interpretation service.
- Must demonstrate interpretation and communicative skills with passing scores for all relevant languages through a formal assessment process administered by a professional interpretation service.
- Knowledge of basic anatomy and medical terminology.
- Knowledge of basic nutritional principles, personal hygiene, and general principles of good health.
- Ability to work with diverse individuals and groups.
- Ability to establish and maintain effective working relationships.
- Knowledge of medical interpreter's ethics and protocols.
- Manages the triadic encounter appropriately.

GRADE LEVEL CRITERIA/ILLUSTRATION

The following examples illustrate some of the many combinations of situations, factors, and responsibilities in an ST-06 Interpreter 1 position:

Performs standard and non-standard assignments involving different and unrelated processes or methods in varying sequence.

Specific guidelines are available as needed for reference purposes. Guidelines are in the form of

instructions, manuals, and regulations or policies. Incumbent uses judgement in selecting guidelines for application to specific assignments.

The work affects the accuracy and reliability of further processes.

Personal contacts are generally to obtain information, and to clarify or give facts or information related to assignments.

LICENSE REQUIRED

Valid class "D" driver's license.

Date Approved:

INTERPRETER 2

CLASS NUMBER: 10387
FLSA CATEGORY: Non-exempt
EEO CATEGORY: Professional

JOB OBJECTIVE

Provides interpretation services for Limited English Proficient (LEP) customers, patients and all MPHD staff. Interpretation may be rendered over-the-phone (OPI), via video (VRI, on-site or in the field. Adheres to the National Council on Interpreting in Health Care (NCIHC) and International Medical Interpreters Association (IMIA) standards of practice and code of ethics as well as all MPHD rules and regulations.

Responsible for assessing the interest and need for education courses offered by the Cultural & Linguistics Services team. Plays an integral part in researching, creating, facilitating and scheduling courses that are specifically related to the program's assignments including culture, language and effective communication methods in a multi-cultural environment. Works closely with the Training Coordinator to ensure courses are accessible to appropriate personnel. Assists in designing, implementing, and facilitating efforts to create a positive multi-cultural environment within the department.

JOB DESCRIPTION

MAJOR JOB RESPONSIBILITIES

- Interprets a variety of oral and written communications between LEP customers, patients and staff.
- Respects the triadic encounter (patient-provider-interpreter) and understands the parameters of their role in that encounter.
- Interprets interviews and other interactions.
- Demonstrates awareness and sensitivity to the cultural differences of customers to enhance participation and program effectiveness.
- Assists customers and patients in completing basic forms and other written communications.
- Refers customers, patients or staff to alternative interpretation sources when subject is beyond the scope of the interpreter's skill level.
- Participates in continuous study, training, and individual or group mentoring sessions to enhance interpreter knowledge, skills, and abilities.
- Continually develops knowledge of medical and other related terminology.
- Participates in sharing and acquiring knowledge, skills, and abilities with other interpreters.
- Prepares reports and maintains records; maintains a personal session count.
- Conducts program related educational presentations.

- Participates in community outreach events or activities.
- May participate as member of community groups and coalitions as assigned.
- Checks voice messages and follows up on all messages.
- Attends staff meetings and appropriate trainings.
- Receives routine medical and/or skill assessments.
- Willing and able to work at all MPHD sites on a rotating schedule.
- Assesses interest and need for language and other cultural education courses annually. May serve as course instructor; works closely with Training Coordinator for course scheduling.
- Participates in the research and creation of appropriate trainings related to division/program assignment
- Performs other duties related to division/program assignments.

SUPERVISION EXERCISED/SUPERVISION RECEIVED

This is a non-supervisory classification. May train and lead the work of Interpreter 1's.

This classification works under the supervision of the Interpreter Coordinator.

WORKING ENVIRONMENT/PHYSICAL DEMANDS

The work is mostly sedentary however, there is some walking, standing, carrying of light items, or driving an automobile. No special physical demands are required to perform the work.

The work environment involves moderate risk or discomforts, which require special safety precautions, e.g., visiting residences in a high crime area, working under poor weather conditions, exposure to contagious diseases, etc. Employees may be required to use protective clothing or gear such as masks, coats or gloves.

EMPLOYMENT STANDARDS

EDUCATION AND EXPERIENCE

Associates degree or higher preferred; Twelve (12) months of interpretation experience with the Metro Public Health Department or a similar organization; and a passing score on a medical interpreter assessment administered by a professional interpretation service with results that demonstrate basic to exceptional command of both languages, sufficient knowledge of medical terminology, procedures and protocol, and necessary proficiency in interpreting skills to function successfully as an interpreter in a medical setting.

Completes and provides proof of 6 hours of interpreting training annually.

PERFORMANCE STANDARDS

- Must demonstrate an acceptable level of proficiency of second language through a formal assessment process administered by a professional interpretation service.

- Must demonstrate interpretation and communicative skills with passing scores for all relevant languages through a formal assessment process administered by a professional interpretation service.
- Knowledge of anatomy and medical terminology.
- Knowledge of nutritional principles, personal hygiene, and general principles of good health.
- Ability to work with diverse individuals and groups.
- Ability to establish and maintain effective working relationships.
- Knowledge of medical interpreter ethics and protocols
- Manages the triadic encounter appropriately
- Knowledge of multi-cultural communication.
- Ability to create and facilitate cultural trainings in an appropriate manner.

GRADE LEVEL CRITERIA/ILLUSTRATION

The following examples illustrate some of the many combinations of situations, factors, and responsibilities in a ST07 Interpreter 2 position:

Performs, under general supervision, work of considerable difficulty and responsibility. Guidelines for work are more complex than at the next lower grade because the employee encounters a wider variety of problems and situations which require choosing alternative responses.

Work of incumbents generally affects the efficient operation of the department.

Personal contacts are usually the same as at the next lower level. However, to a greater degree, the employee serves as a central point of contact to provide authoritative explanations of requirements, regulations, and procedures, and to resolve operational problems or disagreements affecting assigned areas.

LICENSE REQUIRED

Valid class "D" driver's license.

Date Approved:

INTERPRETER 3

CLASS NUMBER:

FLSA CATEGORY: Non-exempt

EEO CATEGORY: Professional

JOB OBJECTIVE

Provides interpretation services for Limited English Proficient (LEP) customers, patients and all MPHD staff. Interpretation may be rendered over-the-phone (OPI), via video (VRI), on-site or in the field. Adheres to the National Council on Interpreting in Health Care (NCIHC) and International Medical Interpreters Association (IMIA) standards of practice and code of ethics as well as all MPHD rules and regulations.

Provides interpretation and translation services, including editing and proofreading for MPHD documents, and presentations. Responsible for maintaining a department-wide translation database. Assist with coordinating activities with community agencies serving LEP populations and assist with interpreter recruitment. Assist in researching, creating and providing linguistically and culturally appropriate public health messages via the media using strategies that work best for the community. Works closely with the Public Information team.

JOB DESCRIPTION

MAJOR JOB RESPONSIBILITIES

- Interprets a variety of oral and written communications between LEP customers, patients and staff.
- Respects the triadic encounter (patient-provider-interpreter) and understands the parameters of their role in that encounter.
- Interprets interviews and other interactions.
- Demonstrates awareness and sensitivity to the cultural differences of customers to enhance participation and program effectiveness.
- Assists customers and patients in completing basic forms and other written communications.
- Refers customers, patients or staff to alternative interpretation sources when subject is beyond the scope of the interpreter's skill level.
- Complies with all continuing education requirements related to his/her credentials in order to maintain certification.
- Shares knowledge with co-workers at staff meetings.
- Participates in training to enhance and improve the pronunciation, vocabulary, and syntax of a second language.
- Continually develops knowledge of medical and other related terminology.
- Participates in sharing and acquiring knowledge, skills, and abilities with other interpreters.

- Prepares reports and maintains records; maintains a personal session count for interpreting and translating.
- Creates and maintains a translation databases
- Assists in coordinating activities with community agencies serving LEP populations.
- Conducts program-related educational presentations; may serve as course instructor.
- Participates in community outreach events or activities such as health fairs.
- Participates as member of community groups and coalitions as assigned.
- Attends staff meetings and appropriate trainings.
- Willing and able to work at all MPHD sites on a rotating schedule.
- Willing and able to be “on-call” when necessary.
- Prioritizes supply and demand when it comes to schedules and assignments.
- Provides accurate and complete translation, editing and/or proofreading assistance as appropriate and requested.
- Works closely with the Public Information team to ensure that all non-English advertisements, announcements and social media postings are appropriate and correct
- Performs other duties specifically related to division/program assignment.

SUPERVISION EXERCISED/SUPERVISION RECEIVED

This is a non-supervisory classification. May train and lead the work of Interpreter 1’s and 2’s.

This classification works under the supervision of the **Cultural and Linguistics Services Program Supervisor**.

WORKING ENVIRONMENT/PHYSICAL DEMANDS

The work is mostly sedentary however, there is some walking, standing, carrying of light items, or driving an automobile. No special physical demands are required to perform the work.

The work environment involves moderate risk or discomforts, which require special safety precautions, e.g., visiting residences in a high crime area, working under poor weather conditions, exposure to contagious diseases, etc. Employees may be required to use protective clothing or gear such as masks, coats or gloves.

EMPLOYMENT STANDARDS

EDUCATION AND EXPERIENCE

Associates degree or higher preferred; at least two (2) years of medical interpreting experience. Must have national certification to the extent possible for his/her language pair from the Certification Commission for Healthcare Interpreters, National Board of Certification for Medical Interpreters or from the National Association of the Deaf.

PERFORMANCE STANDARDS

- Ability to work with diverse individuals and groups.
- Extensive knowledge of anatomy and medical terminology.
- Manages the triadic encounter appropriately.
- Knowledge of medical interpreter ethics and protocols.
- Extensive knowledge of nutritional principles, personal hygiene, and principles of good health.
- Knowledge of multi-cultural communication methods.
- Extensive knowledge of their working written languages.
- Knowledge of the translation process.
- Ability to prioritize work assignments.

GRADE LEVEL CRITERIA/ILLUSTRATION

The following examples illustrate some of the many combinations of situations, factors, and responsibilities in a **ST08 Interpreter 3 position:**

Performs, under general supervision, various duties involving different and unrelated processes and methods. Guidelines are available, but are not completely applicable to the work. Employee must use judgement in interpreting or adapting guidelines for application to specific cases or problems.

The work affects the accuracy, reliability or acceptability of further processes or services.

Personal contacts may be with individuals or groups within and outside of the government in a moderately unstructured setting.

LICENSE REQUIRED

Valid class "D" driver's license.

Current national medical interpreting certification issued by NBCMI, CCHI or NAD-RID.

Date Approved: