

## **Metropolitan Board of Health of Nashville and Davidson County February 8, 2018 Meeting Minutes**

The meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Carol Etherington at 4:00 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  
Francisca Guzmán, Vice Chair  
Thomas Campbell, M.D., Member  
Alex Jahangir, M.D., MMHC, Member  
Margreete Johnston, M.D., MPH, Member  
William S. Paul, M.D., MPH, FACP, Director of Health  
Kyra Hood, RD, LDN, CLC, WIC Mobile Program Coordinator  
Dianne Harden, Director, Financial Management  
Les Bowron, Director, Human Resources  
Josh Lee, JD, Metropolitan Department of Law

### **BOARD OF HEALTH**

#### **WIC in the Library Presentation**

Kyra Hood presented an overview of the WIC program's presence at Public Libraries (Attachment I).

Dr. Johnston asked if breastfeeding advocacy and education were featured in the program. Ms. Hood explained that she and others in the WIC Mobile Program are Lactation Counselors, and that breastfeeding education is a vitally important element in WIC.

#### **Director's Report**

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

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

There were no grant applications.

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

Dianne Harden presented six items for approval:

- 1. Belmont University Affiliate Agreement**  
Term: July 1, 2018 -- June 30, 2022  
Amount: NA
- 2. East Tennessee State University Affiliate Agreement**  
Term: January 1, 2018 – December 31, 2022  
Amount: NA
- 3. Tennessee State University Affiliate Agreement**  
Term: January 1, 2018 – December 31, 2022  
Amount: NA
- 4. Metro Animal Care & Control Emergency Medical Fund Donation**  
Term: NA  
Amount: \$13,300

## **5. Fetal Infant Mortality Review**

Term: July 1, 2018 – June 30, 2019

Amount: \$318,600

## **6. Ryan White Part A**

Term: March 1, 2018-February 28, 2019

Amount: \$969,743

**Dr. Jahangir made a motion to approve the grants and contracts as presented. Ms. Guzmán seconded the motion, which passed unanimously.**

### **Approval of the January 11, 2018 Meeting Minutes**

**Dr. Campbell made a motion to approve the minutes of the January 11, 2018 Board of Health regular meeting as written. Ms. Guzmán seconded the motion, which passed unanimously.**

### **Approval of the January 25, 2018 Work Session Minutes**

**Dr. Johnston made a motion to approve the minutes of the January 25, 2018 Board of Health Work Session as written. Dr. Jahangir seconded the motion, which passed unanimously.**

### **Report of the Chair**

Chair Etherington reminded everyone that a second work session would be scheduled in April.

Chair Etherington asked how the Department was collecting data related to deaths from overdoses. Shoana Anderson explained the Department collects data the medical examiner enters from autopsies.

### **Review of Board Requests**

- An update on Youth Violence Prevention will be provided at a future meeting.
- The Department will propose a process for the Board to recognize donations to Metro Animal Care and Control.
- The Board will be provided salary information and the job description for the Epidemiologist position referred to in the Director's Report.
- Chair Etherington asked for a report at a future meeting on how the growth of the city affects the population's health.

## **CIVIL SERVICE BOARD**

### **Personnel Changes**

Les Bowron presented the personnel changes. He and Dianne Harden advised that the Metro hiring freeze would not affect critical needs positions such as nurses, and that grant-funded positions are not affected by the freeze.

### **Next Regular Meeting**

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, March 8, 2018, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 5:05 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN  
Chair

# WIC in the Library

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**Board of Health Meeting**

February 8, 2018

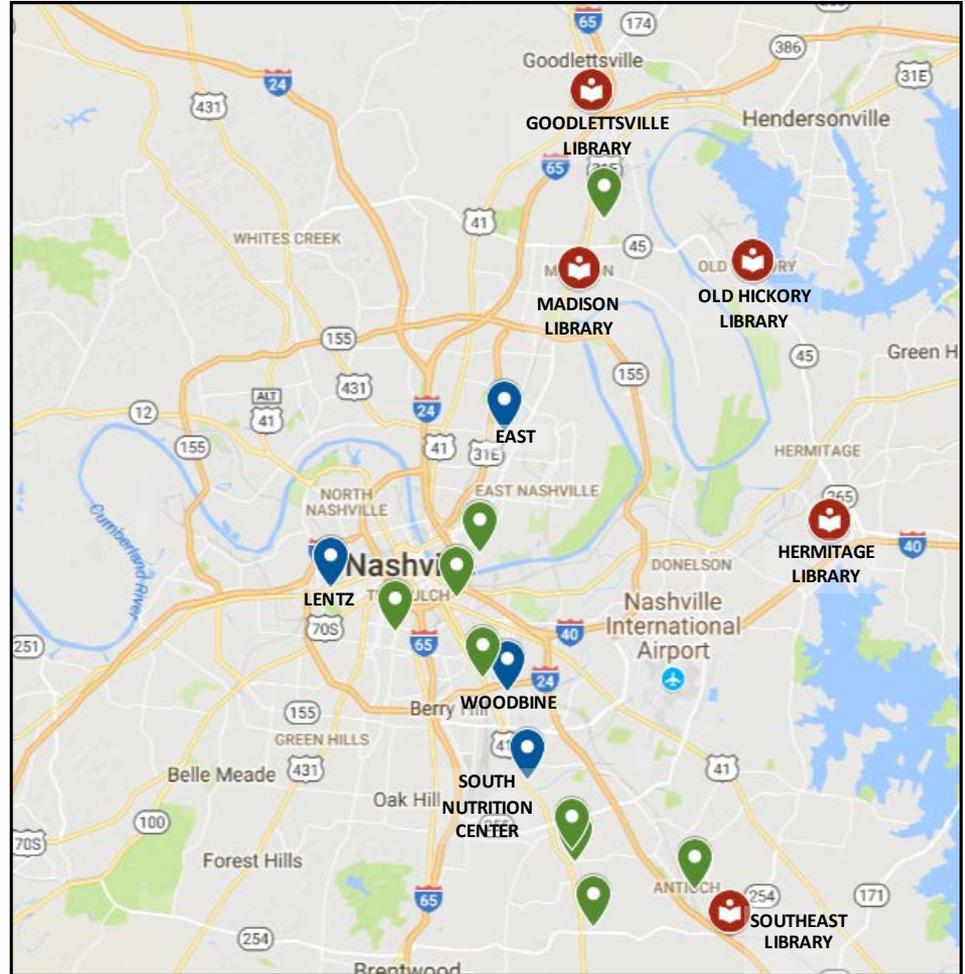
Kyra Hood, RD, LDN, CLC  
WIC Mobile Program Coordinator



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

# Goals

- Reduce transportation barriers
- Minimize healthcare access disparities



# Goals

- Form collaborative partnerships
- Increase participation



# Initiation

- Connected with Community Outreach Director at the Nashville Public Library (NPL)
- Defined goals and partnership
- Selected branches
- Planned for strategic times and dates



# Today

- Hosting community partners, MPHD programs
- Family Literacy Coordinator at South Nutrition Center



# Results

- In 2017, 1,331 WIC participants were served during 68 Mobile WIC clinics in the libraries.
- In 2017, 142 WIC participants engaged in a library literacy workshop and 22 parents registered for a library card.
- Positive feedback from participants, library staff

# Looking forward

- Expand partnership with Be Well at NPL
- Add library sites
- Partner with other clinics, offer wraparound services
- Continue to increase participation
- Share best practices





# Thank You!

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***Metro Public Health Dept***

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

### **Director's Update to the Board of Health February, 2018**

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

##### **Opioids**

The Public Health Emergency Preparedness (PHEP) program hosted an Opioid Overdose Tabletop Exercise on Monday. The exercise was the first step in developing a city-wide Mass Opiate/Opioid Overdose Response Plan by defining, first, how a mass opiate overdose can best be identified. Davidson County hospital personnel, including administrative and emergency department staff, were asked to share current policies on tracking OD patients seen at their facility, and how the hospital community can improve on these processes if necessary. Hospitals and Nashville Fire/EMS will be the key agencies in identifying a spike in opioid overdoses, and will be responsible for "sounding the alarm" to activate the response plan. While this exercise focused on hospital practices, EMS will be included in all future planning meetings.

##### **Opioids II**

I have mentioned before that the Legislature changed the law last spring to allow needle exchange services to operate more broadly than was previously legal. Locally, the non-profit organization Street Works has applied to be the Syringe Service Program provider for Davidson County. If approved by the state Department of Health, an approval which seemed imminent as of this writing and may be in effect by now, Street Works will begin offering the full range of services required by the law. This includes taking back used hypodermic syringes from the community they serve. MPH D has agreed to a system whereby Street Works can drop off the needles they collect here and we will dispose of them through an existing contract for safe needle disposal. We will track how many containers they bring us as a rough measure of how many needles are being taken off the streets.

##### **Opioids III**

In his State of the State address Gov. Haslam referenced his recent proposal to allocate \$30 million in state and federal funding in response to the opioid epidemic. The bulk of the spending in the governor's plan is for treatment and recovery services, including increased treatment in correctional facilities. It also includes mandatory limits on opioid prescriptions, and stepped-up law enforcement capacity. All of it is subject to approval by the Legislature. We will monitor the local implications closely for opportunities to align this new funding with our community's efforts. As a first step, our opioid response coordinator, Trevor Henderson, is helping plan one of three summit meetings the state Health Department plans to hold in April to discuss local response efforts. The Middle Tennessee summit will be in Franklin on April 10-11.

##### **HIV Seminar**

The STD/HIV Program will present its second annual Reporting Seminar on March 1. The keynote speaker will be Amen Eguakun, at nurse practitioner at the Vanderbilt Comprehensive Care Center. The seminar is designed to inform area providers of changes to reporting requirements and give them an opportunity to discuss issues that impact timely reporting of STDs to the Health Department. Additional speakers include: Brian Haile of Neighborhood Health, Dr. Marisa Richmond from the Metro Human Relations Commission, and Katherine Buchman from the Tennessee Department of Health.

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

### **Nashville General**

Conversations around the future configuration of Nashville General Hospital continue. The task force of which I am a member has been holding public listening sessions to get a sense for the community's concerns. The Mayor announced on the day of our last board meeting that no final decisions about the hospital's future would go into effect until July of 2019, in effect extending the transition period by one year from her original timeline. She also said two weeks ago that the administration has agreed to a supplemental appropriation of \$13.2 million for the hospital for the remainder of this fiscal year (through June 30). That appropriation was before the Metro Council on Tuesday. The money is projected to come from reduced funding in six programs, a \$2 million savings from a hiring and promotions freeze across all Metro departments, and the undesignated fund balance, which is essentially the city's savings account. We are in process of implementing the requirements of the hiring freeze, which does not apply to positions already posted.

## **Organizational Updates**

### **Budget**

You have in your packets our proposed budget improvement requests for your approval. The Mayor has requested that all departments submit a status quo budget with improvements requested separately. You'll note our largest request is for second-year funding of the school nursing improvement plan, as well as additional resources in the areas of opioid response, Ending the Epidemic, animal control, correctional health and violence prevention.

### **CSFP**

As I mentioned to you in a separate update last week, we are moving forward on a transition for the Commodity Supplemental Food Program (CSFP) program. We have been in dialogue with the Tennessee Department of Health about transitioning the CSFP from MPHD, and TDH has reached an agreement with Second Harvest Food Bank to receive the contract and manage the program. Both sides are enthusiastic about this move. CSFP is a USDA-funded program here contracted to us by TDH, which provides monthly food assistance specially directed to low-income seniors, as well as some services to women, infants and children up to age 6 years. The program provides monthly supplemental food packages.

Recent changes that have led us to consider this option:

- Declining number of participants;
- Relative to the value of food distributed, our operating costs with a warehouse exclusively for this purpose are relatively high;
- Funding from TDH is insufficient to cover our costs for the program;
- Announced retirement of the program's supervisor and anchor for many years;
- Observation that in most states the distribution process for CSFP is aligned with local food banks; and
- Anticipated economies of scale and improvements in convenience by distributing CSFP packages through the Second Harvest distribution network.

We have consulted with the Mayor's office and Metro Finance, and Second Harvest has offered to hire employees currently working on CSFP. It is our priority to treat the five warehouse employees fairly. We

will work with Metro HR and do everything we can to assist them as they face this transition—whether to another job within Metro or to Second Harvest. We will also work with Second Harvest and TDH to maximize communication and minimize disruption for customers as this transition moves forward.

### **Community Grants**

Metro has for years offered grants to local non-profits whose works benefit the community, but has instituted a different process this year. The FY19 allocation of \$1 million will be divided evenly among five priority areas (community health, domestic violence, youth violence, financial security and literacy), but the biggest change is that different Metro departments will be responsible for choosing the recipients in each priority area. MPH D will oversee allocation of \$200,000 in community health grants under a process developed by Dr. Celia Larson-Pearce. The applications will be directed toward the dual goal of addressing priority areas of the Community Health Improvement Plan as well as advancing health equity. We are excited about this opportunity to more closely align this grant funding with the health goals identified as priorities by the community and the department. Proposals are due by March 9. A link to the Request for Proposals is available on our website at: <https://www.nashville.gov/Health-Department.aspx>

### **Environmental Health Director**

Our new Bureau Director for Environmental Health to replace Dr. Areola in that capacity will be Hugh Atkins, scheduled to start with us on February 26. Hugh comes to us from the Tennessee Department of Health, where he has worked for nearly 35 years, the last 16 as division director for General Environmental Health. He is a native of Cheatham County, and worked his way to division director not from the ground up, but literally from below it: he started as an inspector in the Division of Underground Storage tanks. We are pleased to have him join us.

## Fiscal Year 2019 Budget Proposal

The MPH D operating budget proposal for fiscal year 2019 is comprised of the request for continuation of our existing funding and consideration of additional identified needs

The current Operating Budget totals over \$47.5M as follows:

- \$24,857,500 of Special Purpose funding representing our Grant Budget
  - ~40 program contracts
  - 299 Positions
- \$22,683,800 of General Funds for our Local Budget
  - ~35 Business units
  - \$6,037,800 of revenues
  - 241 Positions
- Throughout the current year, this funding has been continuously evaluated for provision of highest value added results. As opportunities allowed, positions and resources have been re-purposed to address priorities.
- The current year's new investments (school nurse expansion, Mental Health PIP, Opioid Coordinator) will be considered part of the MPH D baseline budget.

Additional funding requests under consideration include:

**School Nurse** (*note: will be submitted in MPH D budget*)

**14 FTEs:** 11 nurses, 2 supervisors, 1 administrative support = \$852,342

Metro Public Health Department and Metro Nashville Public Schools continue to partner to keep students healthy, in school and ready to learn. Studies show that a nurse presence in school helps to reduce absenteeism and the number of students sent home during the day.

Phase 2 of the three year expansion plan of "a nurse in every traditional high school and one nurse for every two of the remaining schools" will be the fiscal year 2018-2019. This year (2017-2018) we have implemented Phase 1 of the expansion and by the end of January a nurse will be placed in every traditional High School. Additionally, nurse assignments which were heavy with skilled nursing services have been separated in order to provide more access to the nurse by the student population.

**Peer Specialist for Opioid Interventions (PS2 or equivalent)**

*Note: As we await budget guidance, we are determining whether this will be addressed for Nashville in the Governor's budget, as well as optimal structure (hire vs. contract)*

**3FTEs = \$181,041.38**

Peer specialists, individuals who have recovered from addiction, can play a role in assisting individuals who have overdosed to seek treatment and provide needed support while they are waiting for treatment. The health department is requesting one Peer Specialist to be embedded in the community and support response agencies that are providing services to those who have recently overdosed. On a pilot basis, the Peer Specialist will:

- Engage clients or families of individuals who have recently overdosed and assist the individuals or family members in seeking help
- Collaborate with police, fire, and mental health and substance abuse agencies to follow up with overdose victims and high-risk substance users
- Build relationships to develop a recovery plan of action for each client
- Maintain ongoing contact with clients to provide support
- Work with clients to reduce barriers to treatment or recovery services
- Make appropriate referrals and support harm reduction efforts

### **Public Health Epidemiologist 1 - Violence**

**1 FTE = \$96,670.55**

Since 1965, homicide and suicide have been in the top 15 leading causes of death for the US<sup>1</sup>, and in 2017 Nashville experienced 107 homicides, a sharp increase from 83 in 2016 and the highest number since 1997. The effects of violence extend past the traumatic event to the secondary consequences of chronic disease (e.g., heart disease, stroke, cancer, etc.), mental health problems, decreased quality of life and increased risk of perpetrating violence<sup>2</sup>.

MPHD is building and leading a collective impact collaborative to prevent youth violence and address the risk factors that lead to violence. Data leads any and every effort at MPHD. Data, gathered from multiple sources, allows for a comprehensive understanding of not only “who” is a victim or perpetrator of violence, but also the “why”, which will guide more effective interventions using an upstream approach. To fully understand and appreciate the data patterns, trends, risk and protective factors, a highly trained epidemiologist is essential. This skilled individual will identify the varied and numerous local and national data sources that measure violence and health and collaborate with the local law enforcement data experts to characterize the problem of violence in Davidson County and identify modifiable risk and protective factors. Practical findings would be shared internally and externally with suggestions for practical solutions that would be systematically measured and monitored throughout implementation (program evaluation). The Public Health Epidemiologist 1 would also be cross-trained in providing data analysis and interpretation in other public health topics (e.g.,

<sup>1</sup> Dahlberg LL, Mercy JA. History of violence as a public health issue. AMA Virtual Mentor, February 2009. Volume 11, No. 2: 167-172. Last viewed: January 2, 2018 [https://www.cdc.gov/violenceprevention/pdf/history\\_violence-a.pdf](https://www.cdc.gov/violenceprevention/pdf/history_violence-a.pdf)

<sup>2</sup> Indirect effects – mental trauma and behavioral effects. Cure Violence. Chicago, Illinois. Last viewed: January 2, 2018. <http://cureviolence.org/understand-violence/violence-as-a-health-issue/>

Maternal, Child & Adolescent Health, Behavioral Health, etc.) in the Epidemiology Division, with other Epidemiology colleagues and under the guidance of the chief epidemiologist.

### **1 Coordinator to End the Epidemic (MAA1 or equivalent)**

**1 FTE = \$82,596.62**

In December, 2017 the Mayor's Office in conjunction with the health department and Nashville Cares held a summit to launch a planning process with a goal to End the Epidemic (EtE) of HIV in Davidson County. The summit provided a framework to discuss new tools to prevent and/or reduce the transmission of HIV, including preventive medication (PrEP) and treatment as prevention, and to gather community input on how we can end the epidemic. Davidson County has the opportunity to greatly reduce the number of new HIV infections. The plan will be complete around July, 2018, and we are requesting a coordinator to work with the health department, Mayor's Office, and community stakeholders to coordinate and monitor the implementation for the EtE plan.

- Sustain engagement for a diverse group of stakeholders
- Coordinate and facilitate project implementation and meetings of committees/task groups
- Evaluate progress and effectiveness of plan based on community goals
- Adapt plans based on available resources and community input.
- Update the community and partners on status routinely.

### **Metro Animal Care and Control**

**3 FTE's = \$161,830.00**

MACC works with individuals and organizations in Nashville and across the United States to help domestic animals find caring homes, decrease animal over-population through spaying and neutering, support widespread rabies vaccinations, promote responsible pet ownership, enforce animal care and control laws, provide rabies control, and intervene for the safety and health of animals and humans.

Nashville has been intentional about the direction it wants to go in regards to animal welfare. MACC has implemented many successful programs and significantly reduced euthanasia rate. MACC has recently enjoyed numerous successes, including greatly expanded partnerships, increased adoptions, improved internal policies and processes, and implementing progressive programs that have improved animal outcomes, shelter operations, and MACC's public service.

There have also been a few changes to the Metro Code that is putting a huge demand on the resources available to handle these. In order to continue on this positive trajectory and to continue to build on these successes, MACC requests an FY19 increase to hire and equip 1 additional kennel staff and 2 additional field officers. These additions will help MACC provide

efficient public service, care for the increased animal programming at the shelter, and increase services to the community, to better serve our residents and animals throughout the County.

### **Correctional Health: Contract monitor**

**1 FTE = \$82,596.62**

Davidson County's inmate population averaged 2,300 per day over the course of the last fiscal year, with those inmates housed in five different facilities, four located on the Harding campus and one downtown. Scheduled to open in July of 2019, the new downtown Criminal Justice Center will add a sixth facility. This facility is slated to have a mental health ward that will require an increased monitoring skillset by MPHD personnel. The Correctional Health monitoring program is requesting an additional 1.0 FTE contract monitor at the Medical Administrative Assistant 1 classification (OR5).

Correctional Health monitors oversee services provided under two different contracts;

1. CoreCivic provides services to locally sentenced felons serving terms of 1-6 years at the Metro Detention Facility.
2. Correct Care Solutions provides services to those in custody of the Davidson County Sheriff's Office – pre-trial detainees as well as locally sentenced misdemeanants.

In addition to standards established by the American Correctional Association and the National Commission of Correctional Health Care, the monitors are responsible for oversight of the contents of each contract as well as policies specific to both CoreCivic and Correct Care Solutions.

Approximately 30% of detainees have a mental health issue identified, and the jail population is at high risk of hospitalization within a year of discharge, with mental health and medical issues. Having an additional monitor will enable the program to expand its quality improvement efforts including close attention to mental health services and continuity of care in the community.

**NATIONAL FEDERATION OF HUMANE SOCIETIES**  
**BASIC ANIMAL STATS MATRIX**  
**(vrs 9-2012)**

**IMPORTANT NOTES FOR THE BASIC DATA MATRIX**

**Introduction to the Basic Matrix:**

This basic matrix was designed to serve as a tool for basic data collection. It is a simple matrix containing what many (including Asilomar, ASPCA, National Federation, American Humane, UC Davis, Maddies Fund, PetSmart Charities and HSUS) have agreed are the minimum data points (along with definitions) an organization should gather. Whether organizations already gather a great deal of data or have only gathered the basics, this matrix should facilitate the roll up or merging of data at the local, regional or national level by providing a common framework. This matrix does not reflect any preference in data analysis or the calculation of rates but is rather simply a tool for data collection.

**Tracking by Species and Age:**

The risks associated with being an adult dog, puppy, adult cat or kitten (or neonate of any kind) in a shelter environment will vary a great deal. To help shelters assess and understand the differing risks for these populations of animals, this basic animal stats matrix includes a break out by species and age. If tracking statistics broken out by species and age is beyond the capacity of an agency, simply tracking statistics by species would be a place to begin. This document defines puppy and kitten as under 5 months of age (see below: Determining Age). Again – given the differing level of risk – breaking age down further to include a neonate category for both dogs and cats can also be very informative.

**Determining Age:**

This basic matrix utilizes 5 months as the break point between puppy/kitten and adult. At or near 5 months of age there are changes in the teeth which can help guide trained staff regarding proper categorization of the animal. For cats, at 4-5 months of age permanent canines, premolars and molars are coming in (all in by 6 months of age). For dogs, at 5-7 months of age permanent canines, premolars and molars are coming in (all in by 7 months of age). Source: "How to . . . series" from Animal Sheltering, [http://www.animalsheltering.org/resources/magazine/may\\_jun\\_1996/how-to-determine-a-dog-or.pdf](http://www.animalsheltering.org/resources/magazine/may_jun_1996/how-to-determine-a-dog-or.pdf) or contact the National Federation of Humane Societies for a copy of the document.

**Beginning and Ending Shelter Counts:**

These numbers help frame the population of the animals sheltered and cared for by the organization. We are recommending that a shelter do a walk through – physically counting the animals sheltered within the organization, and not forgetting to count those animals who have been admitted but who are not currently within the shelter (foster care, in the care of a veterinary hospital, etc).

**Defining Owner Requested Euthanasia:**

Some shelters offer pet euthanasia to the public as a service whose cost may be subsidized and therefore more affordable than local veterinary clinics, thus ensuring access to this service. Defining when euthanasia should be recorded as "at the request of the owner", or not, is the subject of much discussion.

For the purposes of this document, we are choosing to define owner INTENDED euthanasia as the euthanasia of a pet whose owner brought the pet to the shelter for that service. In other words, the owner brought the pet in specifically for that service – it was their intent before arriving.

Any other definition of "owner requested" euthanasia leaves much up to interpretation and therefore a great deal of variation among organizations and their reporting. We believe the simplicity of this definition helps to ensure consistent application and record keeping.

**Live Admissions Only**

For the purposes of this matrix we are tracking LIVE admissions only, i.e. animals who are alive when they come into an agency's possession. Animals who are dead when taken in to an agency's possession may be a data point to track, but that information is not tracked by this matrix.

**What is Possession?**

"Adoption" and "Transferred to another Agency" both make reference to possession. The primary concept here is one of ownership. For example, in foster care, the agency still has possession or ownership. If adopted or transferred to another Agency, possession is now with the new owner, or with another Agency.

**Where are the "Others"?**

This basic data matrix focuses on canines and felines. Many organizations also provide extraordinary services for other pets (pocket pets, rabbits, ferrets) and animals (wildlife), and that good work is not captured here.

**Why a Basic Matrix?**

This basic matrix was designed to serve as a tool for data collection. It is a simple matrix containing what many have agreed are the minimum data points an organization should consider gathering. By agreeing to this basic matrix - we hope organizations will gather AT LEAST this data, or if an organization all ready gathers a great deal of data, that they will consider rolling up their data into this format to help facilitate (if individual agencies are interested) data collection at a local, regional or national level, which would allow participating agencies to benchmark their work against similar agencies around their region or the nation. This matrix does not reflect any preference for the variety of live release rates used in animal sheltering and welfare. Most rates, other than full Asilomar which requires a conditions matrix, should be able to be calculated from the data points included.

**NATIONAL FEDERATION OF HUMANE SOCIETIES**  
**BASIC ANIMAL STATS MATRIX**  
(vrs 6\_13\_2011)

**BASIC DATA MATRIX**

Species By Age		Canine		Feline		Total
		Adult	Up to 5 months	Adult	Up to 5 months	
<b>A</b>	<b>Beginning Animal Count</b> (date: 01/01/2018)	89	2	22	12	125
<b>Intake</b>						
<b>B</b>	Stray/At Large	178	20	25	14	237
<b>C</b>	Relinquished by Owner	62	3	34	7	106
<b>D</b>	Owner Requested Euthanasia	20	0	2	1	23
<b>E</b>	Transferred in from Agency	2	0	1	0	3
<b>F</b>	Other Intakes	17	0	2	0	19
<b>G</b>	<b>TOTAL INTAKE</b>	279	23	64	22	388
<b>Outcomes</b>						
<b>H</b>	Adoption	110	13	45	24	192
<b>I</b>	Returned to Owner	103	3	4	0	110
<b>J</b>	Transferred to another Agency	37	4	7	8	56
<b>K</b>	Other Live Outcome	0	0	0	0	0
<b>L</b>	<b>TOTAL LIVE OUTCOMES</b>	250	20	56	32	358
<b>M</b>	Died in Care	0	0	0	0	0
<b>N</b>	Lost in Care (Physical Inventory Adjustments)	0	0	0	0	0
<b>O</b>	Shelter Euthanasia	49	0	4	0	53
<b>P</b>	Owner Requested Euthanasia	16	1	5	1	23
<b>R</b>	<b>TOTAL OUTCOMES</b>	315	21	65	33	434
<b>Q</b>	<b>Ending Shelter Count</b> (date: 1/31/2018)	63	2	31	8	104
<b>SAVE RATE:</b>		<b>81.37%</b>	<b>100.00%</b>	<b>93.22%</b>	<b>100.00%</b>	<b>85.48%</b>

# METRO ANIMAL CARE AND CONTROL

## Trailing 12 Month – Data Report

		Trailing 12 Month Average	
		Jan-18	Ending January 31st, 2018
<b>A</b>	<b>Intake Total</b>	<b>401</b>	<b>607</b>
<b>B</b>	<b>Stray</b>	<b>240</b>	<b>348</b>
<b>C</b>	<b>Owner Surrender</b>	<b>97</b>	<b>202</b>
<b>D</b>	<b>Owner Req. Euth</b>	<b>23</b>	<b>72</b>
<b>E</b>	<b>Wildlife</b>	<b>7</b>	<b>13</b>
<b>F</b>	<b>Other</b>	<b>23</b>	<b>24</b>
<b>G</b>	<b>Adopted</b>	<b>192</b>	<b>221</b>
<b>H</b>	<b>Transfer</b>	<b>60</b>	<b>159</b>
<b>I</b>	<b>RTO</b>	<b>110</b>	<b>103</b>
<b>J</b>	<b>ORE Euthanized</b>	<b>23</b>	<b>34</b>
<b>K</b>	<b>Wildlife Euthanized</b>	<b>4</b>	<b>7</b>
<b>L</b>	<b>Euth Total</b>	<b>82</b>	<b>111</b>
<b>M</b>	<b>Euth %</b>	<b>14%</b>	<b>12</b>

Data Report Key
Intakes
Outcomes