Metropolitan Board of Health of Nashville and Davidson County
March 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
Sam Felker, JD, Member
Alex Jahangir, M.D., MMHC, Member
Margreete Johnston, M.D., MPH, Member
William S. Paul, M.D., MPH, FACP, Director of Health
Hugh Atkins, REHS, Director, Environmental Health Services Bureau
Sanmi Areola, PhD, Deputy Director
Jim Diamond, MBA, Assistant Director, Administration and Finance Bureau
Peter Fontaine, CPA, MBA, Director, Administration and Finance Bureau
Dianne Harden, Director, Financial Management
Les Bowron, Director, Human Resources
Quan Poole, JD, Metropolitan Department of Law

BOARD OF HEALTH

Introduction of Quan Poole, representative from Metropolitan Department of Law

Chair Etherington recognized Quan Poole, JD, representative from Metro Legal.

Update on Billing and Collections

Jim Diamond shared a PowerPoint on Billing and Collections (Attachment I).

MACC Fee Schedule

Tom Sharp presented a proposed Fee Schedule for Metro Animal Care and Control (Attachment II).

Dr. Jahangir made a motion to approve the Fee Schedule for Metro Animal Care and Control as presented. Ms. Guzmán seconded the motion, which passed unanimously.

Approval of Budget

Dr. Paul and Peter Fontaine shared information about the budget proposal (Attachment III) and requested approval.

Mr. Felker made a motion to approve the budget as proposed, with the understanding that a Pay Plan will be proposed at a future meeting. Dr. Campbell seconded the motion, which passed unanimously.

Approval of Grant Applications

Peter Fontaine presented two items for approval:

1. **Robert Wood Johnson Foundation - Culture of Health Leaders Program**
   Term: October 1, 2018-September 30, 2021
   Amount: up to $60,000
2. **Safe Coalition Grants**
   Term: NA
   Amount: $15,000

Dr. Johnston made a motion to approve the grant applications as presented. Mr. Felker seconded the motion, which passed unanimously.

Approval of Grants and Contracts

Peter Fontaine presented two items for approval:

1. **Best Friends Animal Society - Rachael Ray Foundation Save Them All**
   Term: March 1, 2018-February 28, 2019
   Amount: $10,000
2. **Tennessee Department of Health - HIV Core Medical Services & Early Intervention Services**
   Term: April 1, 2018-March 31, 2019
   Amount: $54,700

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

Approval of the March 8, 2018 Meeting Minutes

Ms. Guzmán made a motion to approve the minutes of the March 8, 2018 Board of Health regular meeting with minor corrections. Dr. Johnston 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 invited Board members to forward questions about the Strategic Plan update to him, and he would address them at the April 12 meeting.

Dr. Paul recognized Hugh Atkins, the department's director of the Environmental Health Services bureau. Mr. Atkins stated that he had served at the Tennessee Department of Health in Environment and Conservation for 35 years, the last 16 as director of the statewide Environmental Health program.

Dr. Paul announced that the city had advanced to Phase 3 of the Robert Wood Johnson Culture of Health prize. The prizes will be announced in September. He and the Board recognized Dr. Celia Larson's prodigious efforts in shepherding the process.

Report of the Chair

Chair Etherington requested an update on Employee Wellness, and on Accreditation at future meetings.

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

Review of Board Requests

- The Department will share information about raises and the impact on the budget with the Board once they are confirmed and the impact able to be estimated.
- Updates on Employee Wellness and Accreditation will be provided at future meetings.

- Board members will review the update on the Strategic Plan provided in the packet, and forward questions to the secretary, to be answered at the April 12 meeting.
- A resolution accepting U=U initiative will be presented for Board approval at the April 12, 2018 meeting.
- A proposed resolution regarding the transit plan will be presented for Board approval at the April 12, 2018 meeting. A draft will be circulated for comment prior.
- The Board will review its bases for identifying policy issues to address, and for determining a voting result, and update the bylaws accordingly.

CIVIL SERVICE BOARD

Request to Set a Public Hearing

Les Bowron asked the Board to set a public hearing on April 12, 2018, to hear comment on proposed change to the Department's Civil Services Rule 4.3. He advised that the proposed change would be shared with staff prior to the hearing.

Dr. Jahangir made a motion that the Board hear public comment on proposed changes to the Department's Civil Service Rule 4.3 at the April 12, 2018 meeting. Ms. Guzman seconded the motion, which passed unanimously.

Personnel Changes

Les Bowron 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, April 12, 2018, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 5:50 p.m.

Respectfully submitted,

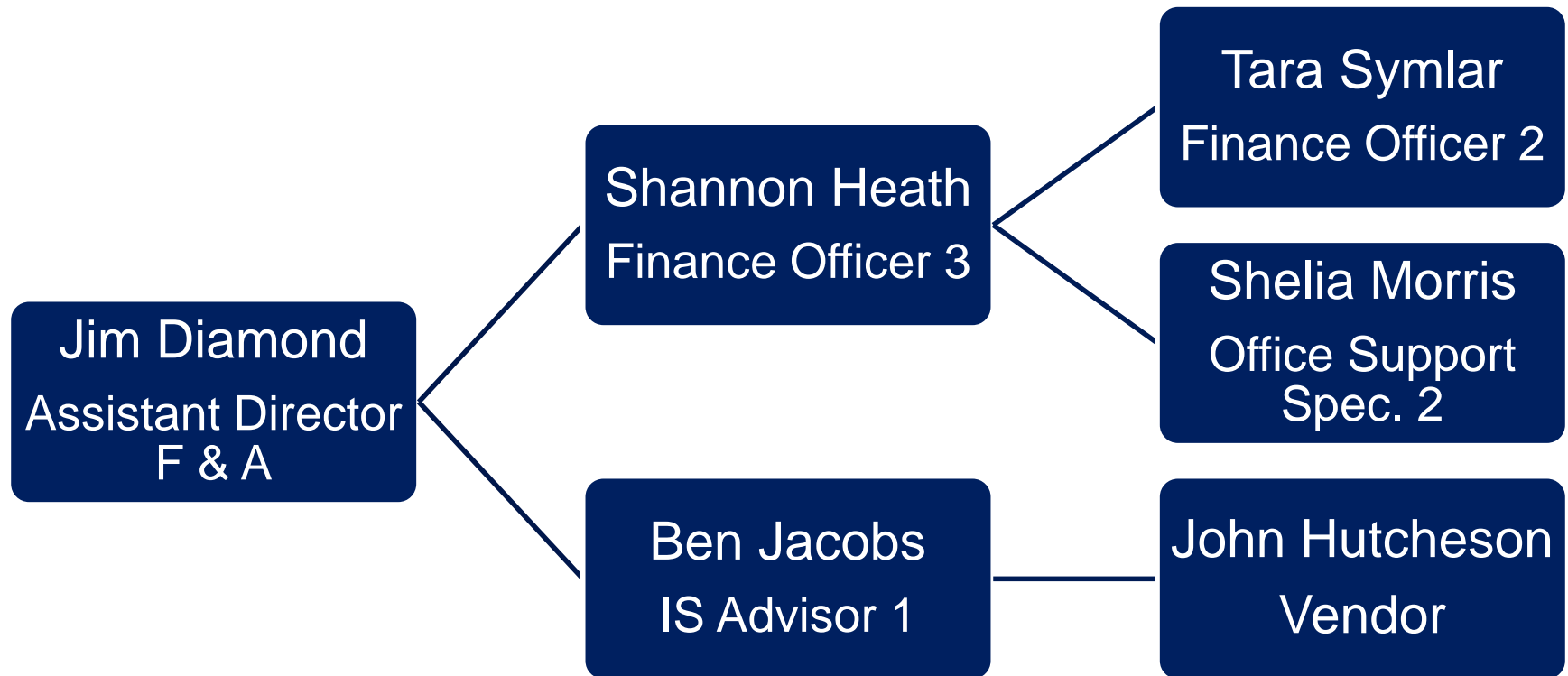Carol Etherington, MSN, RN
Chair

QUALITY MANAGEMENT AND BILLING

March 8, 2018

Jim Diamond, MBA

Assistant Bureau Director, Finance and Administration

Metro **Public Health** *Dept*

N a s h v i l l e / D a v i d s o n   C o u n t y

Protecting, Improving, and Sustaining Health

Quality Management/Billing Structure

Jim Diamond
Assistant Director F & A

Shannon Heath
Finance Officer 3

Tara Symlar
Finance Officer 2

Shelia Morris
Office Support Spec. 2

Ben Jacobs
IS Advisor 1

John Hutcheson
Vendor

What we do

- Training
- External communications – Clients, State, insurance companies
- Credentialing
- Identify and maximize opportunities to realize revenues
- Pricing and fee schedules
- Posting of payments
- Reduce error rates -> Faster billing turnaround -> Fewer denials -> Faster revenue receipt

New and Improved Revenues

- TB – Began billing for services in October 2016 - Revenues in excess of $31,000 collected in 18 months

- Presumptive Eligibility Services

- Cover Kids

Services Provided Calendar 2017

Grant-Funded $4,016,385 **+** Non-Grant $3,491,947 **=** Total $7,508,332
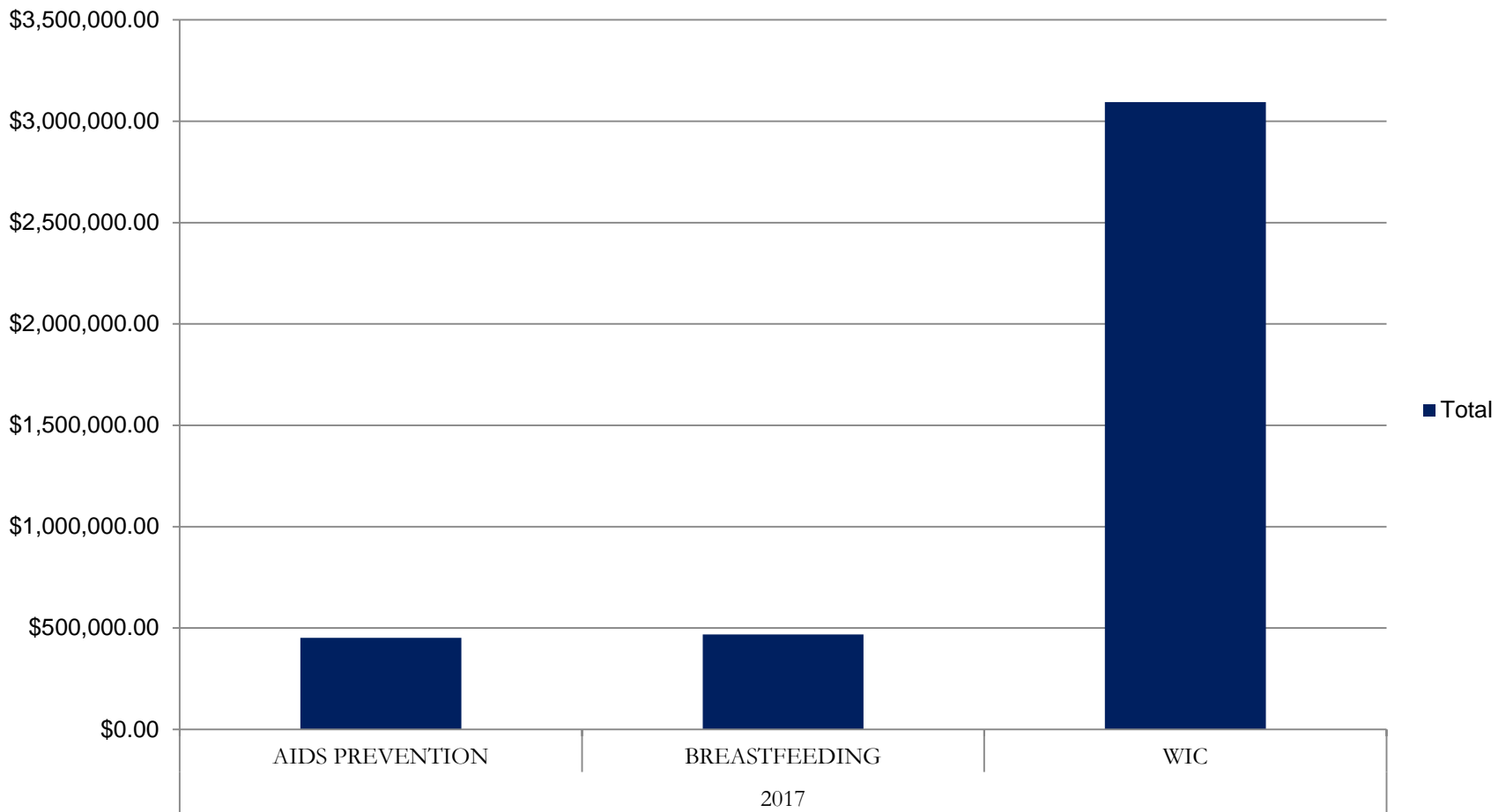
Grant Services (Calendar 2017)

Total

Non-Grant Services (Calendar 2017)

Total

Non-Grant Services (Calendar 2017)

- Private Insurance
- Private Pay
- TennCare
- Medicare
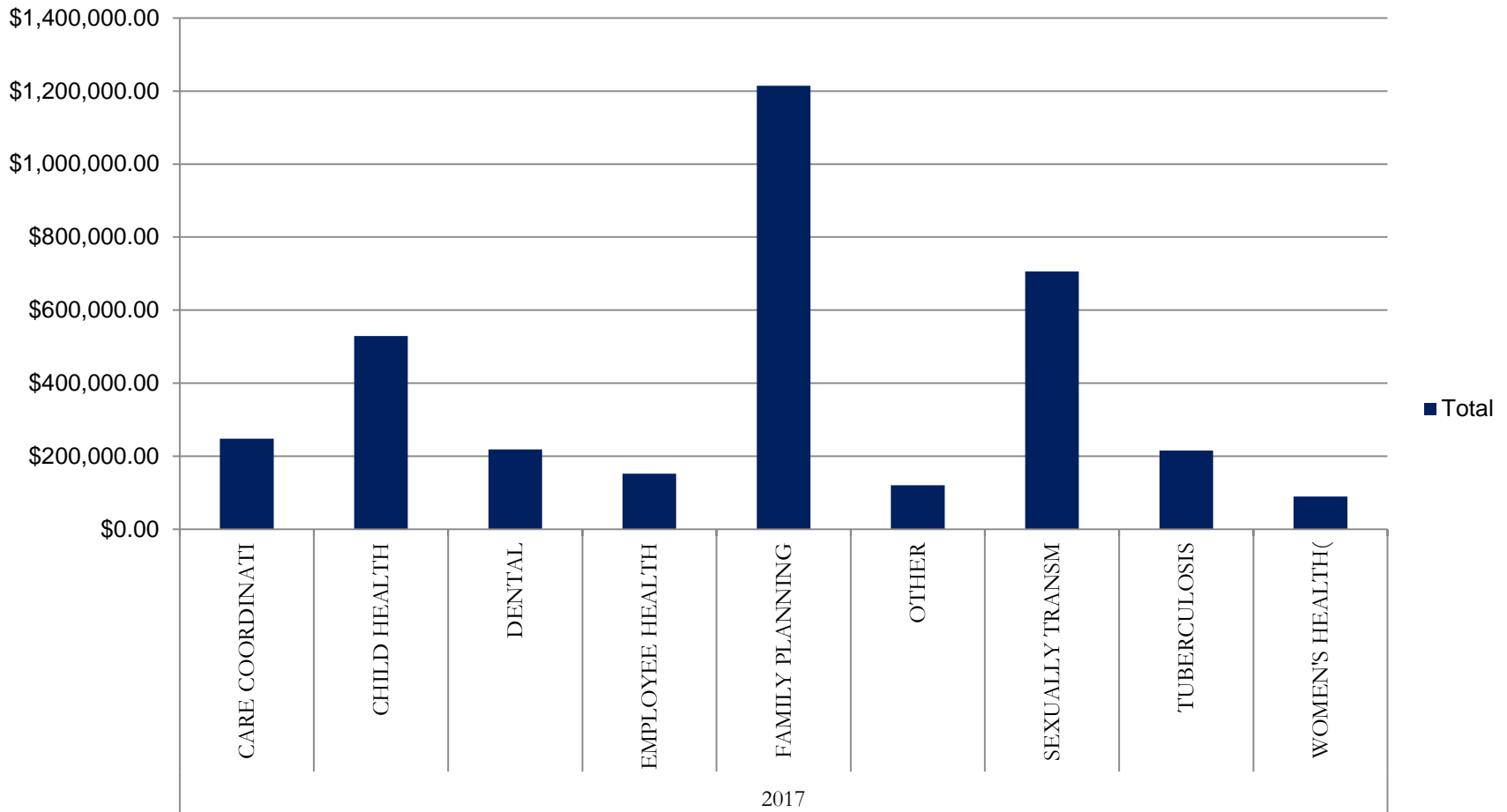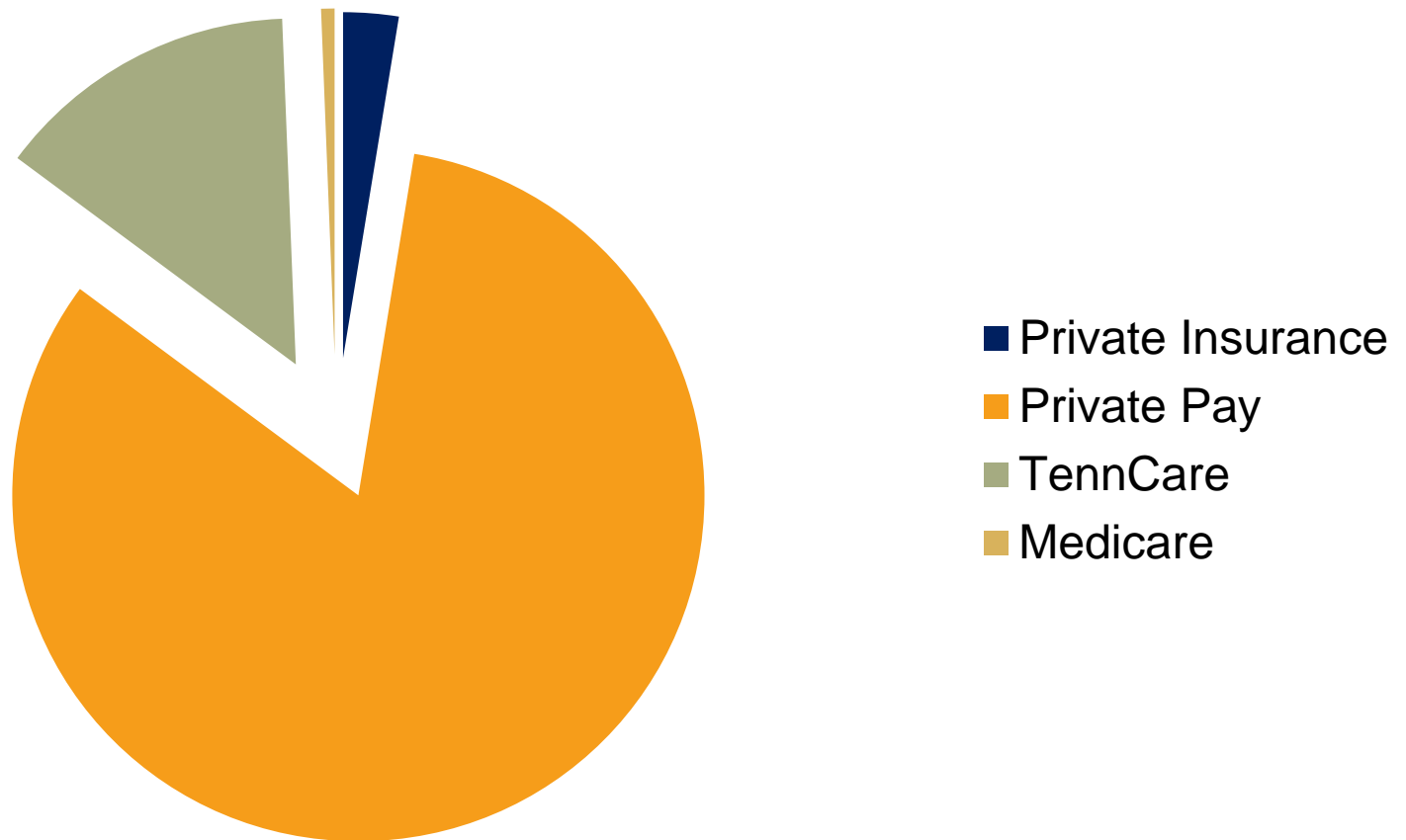
Self-Pay Slide

Self-Pay Slide

Regular Slide

		MONTHLY INCOME				
REGULAR SLIDE 200%						
% Patient Pays	0	20%	40%	60%	80%	100%
% of Poverty(FPL)	**0-100%**	**100.01-125%**	**125.01-150%**	**150.01-175%**	**175.01-200%**	**200.01 >**
1	0-1005	1006-1256	1257-1507	1508-1758	1759-2010	2011
2	0-1353	1354-1691	1692-2030	2031-2368	2369-2706	2707
3	0-1701	1702-2127	2128-2552	2553-2977	2978-3403	3404
4	0-2050	2051-2562	2563-3075	3076-3587	3588-4100	4101
5	0-2398	2399-2997	2998-3597	3598-4197	4198-4796	4797
6	0-2746	2747-3433	3434-4120	4121-4806	4807-5493	5494
7	0-3095	3096-3868	3869-4642	4643-5416	5417-6190	6191
8	0-3443	3444-4304	4305-5165	5166-6025	6026-6886	6887
9	0-3791	3792-4739	4740-5687	5688-6635	6636-7583	7584
10	0-4140	4141-5175	5176-6210	6211-7245	7246-8280	8281

Source: State of Tennessee

Self-Pay Slide

- A significant amount of the charges coded to Self-Pay slide based on income of client.

Quarter	Gross Charge	Slide	Net Charge
2016-1	$735,137.70	$685,015.81	$50,121.89
2016-2	$729,242.72	$667,630.72	$61,612.00
2016-3	$810,743.44	$742,072.15	$68,671.29
2016-4	$726,777.29	$665,170.44	$61,606.85
2017-1	$732,911.36	$674,645.29	$58,266.07
2017-2	$652,926.90	$600,389.57	$52,537.33
2017-3	$709,203.26	$653,091.98	$56,111.28
2017-4	$607,510.19	$567,026.43	$40,483.76

Percent of Gross Charges That Are Slid Among Private Pay Clients

Year	1	2	3	4
2016	93.182	91.551	91.530	91.523
2017	92.050	91.954	92.088	93.336

Non-Grant Dollars Received (Calendar 2017)

Medicare
$2,995

Private Insurance
$23,886

Self-Pay
$127,236

TennCare (Medicaid)
$338,146
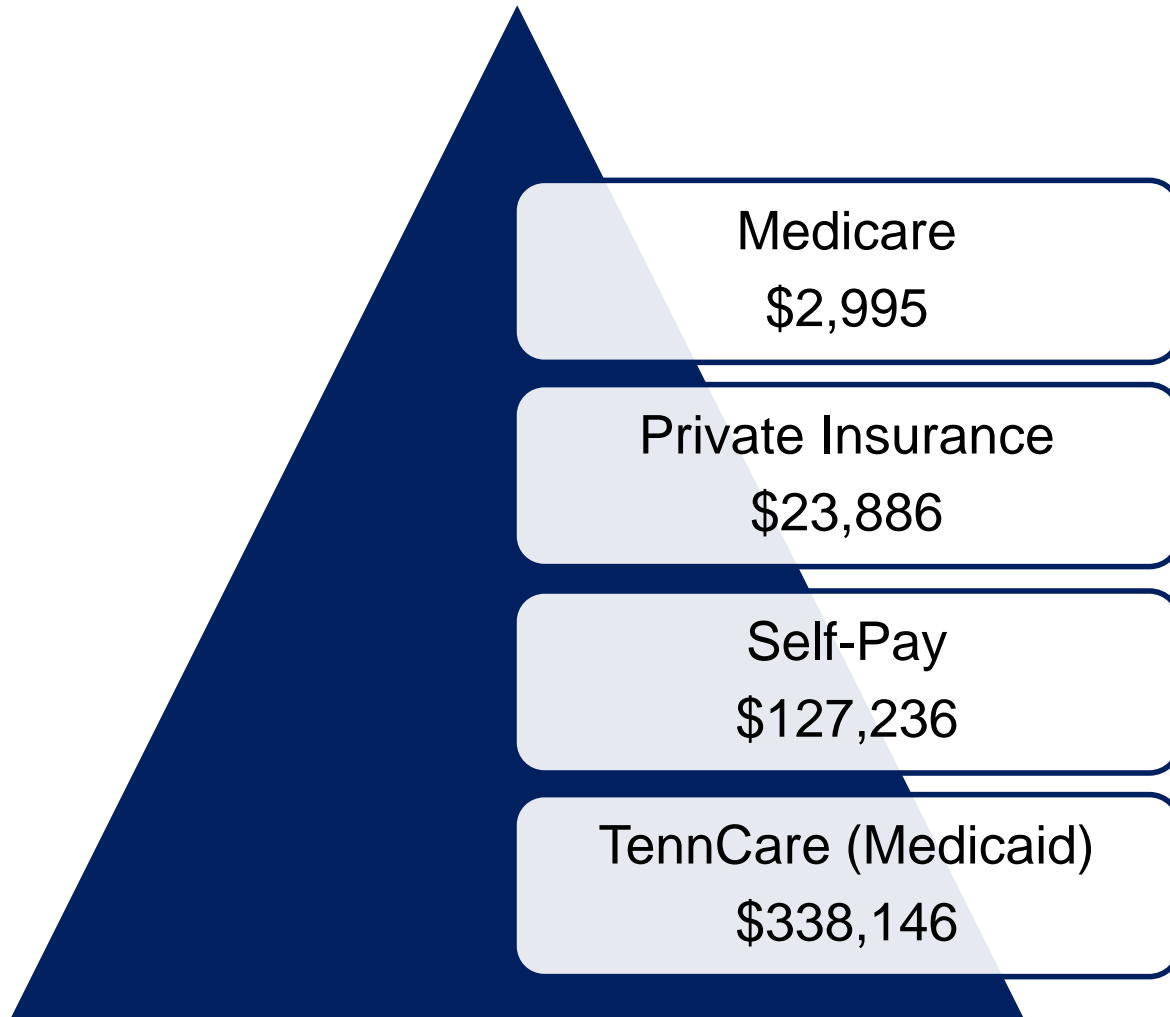
From Patient Visit to Payment

From Patient Visit to Payment

Patient Visit → Services Entered into PTBMIS → Visit Billed to Insurer

Claim Denied → Encounter Returned to Clinic for Correction → Claim Resubmitted

Claim Accepted → Payment Received
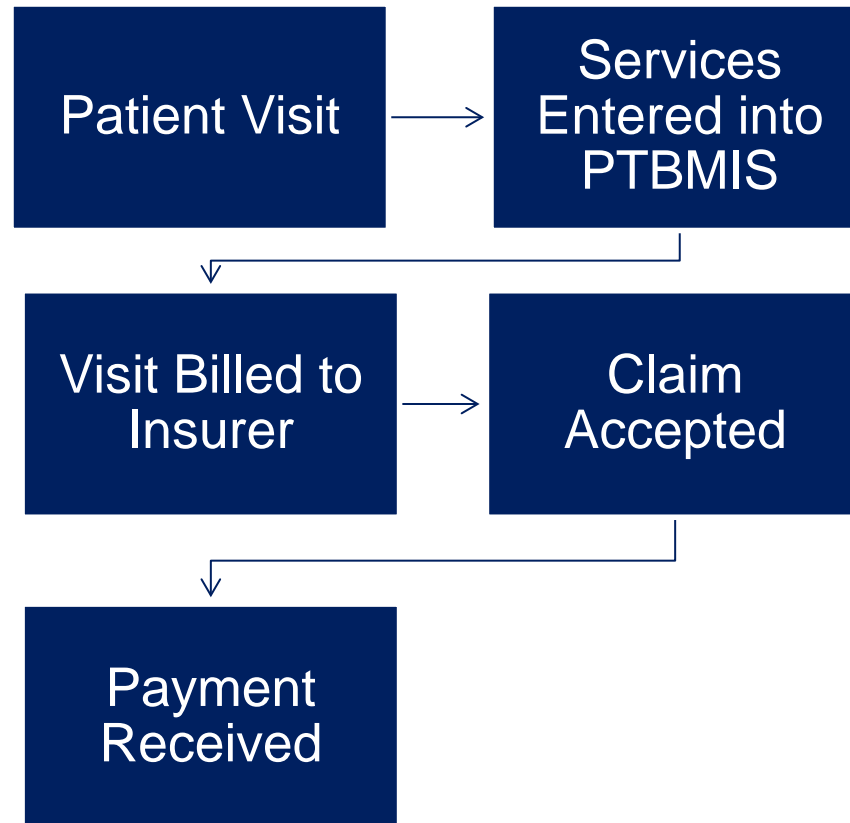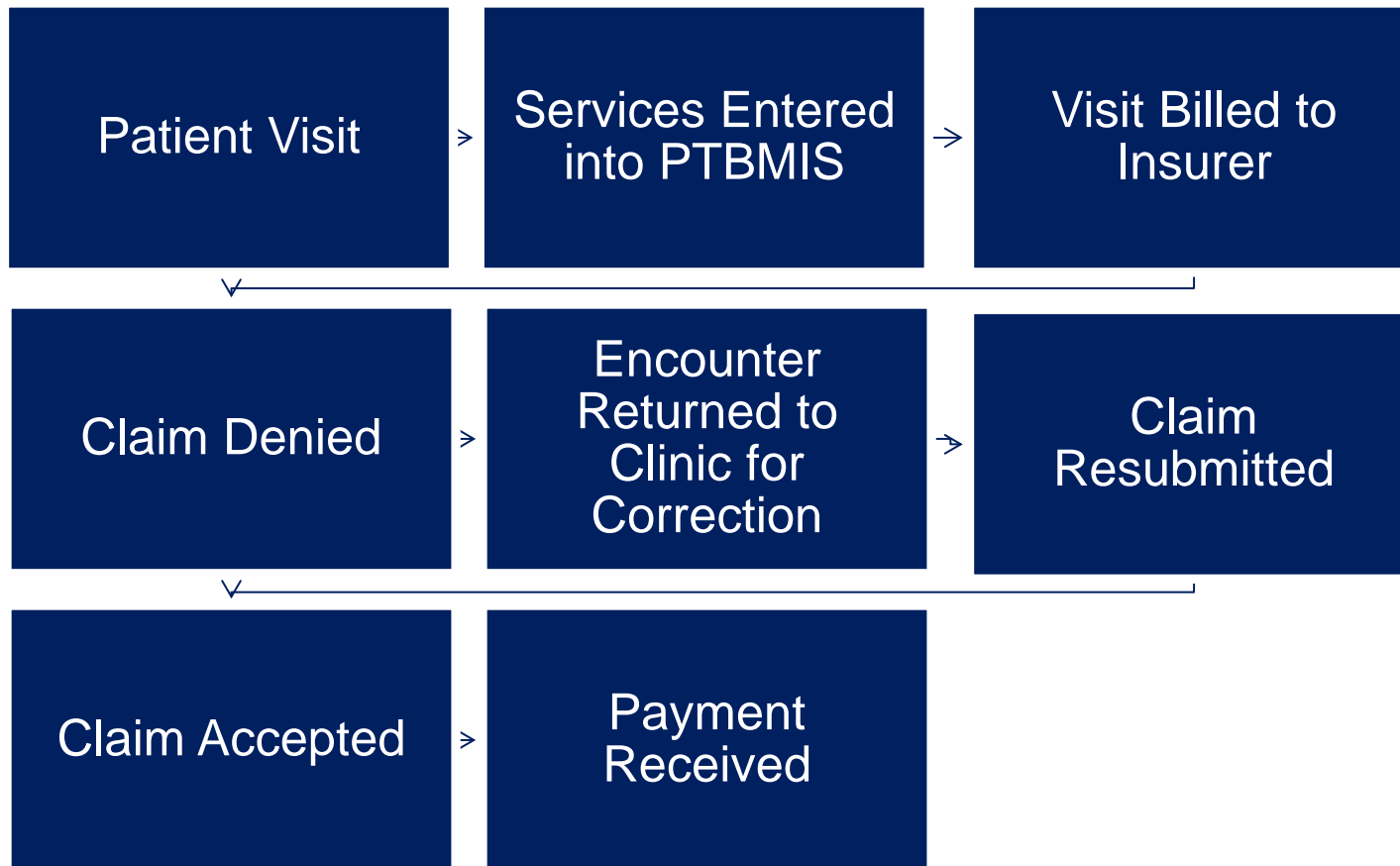
TennCare Collection Percentage

	Q1	Q2	Q3	Q4
2016	42.73%	44.10%	52.03%	57.98%
2017	62.28%	59.31%	52.04%	56.08%
2017 Projected	62.28%	59.31%	60.00%	63.00%
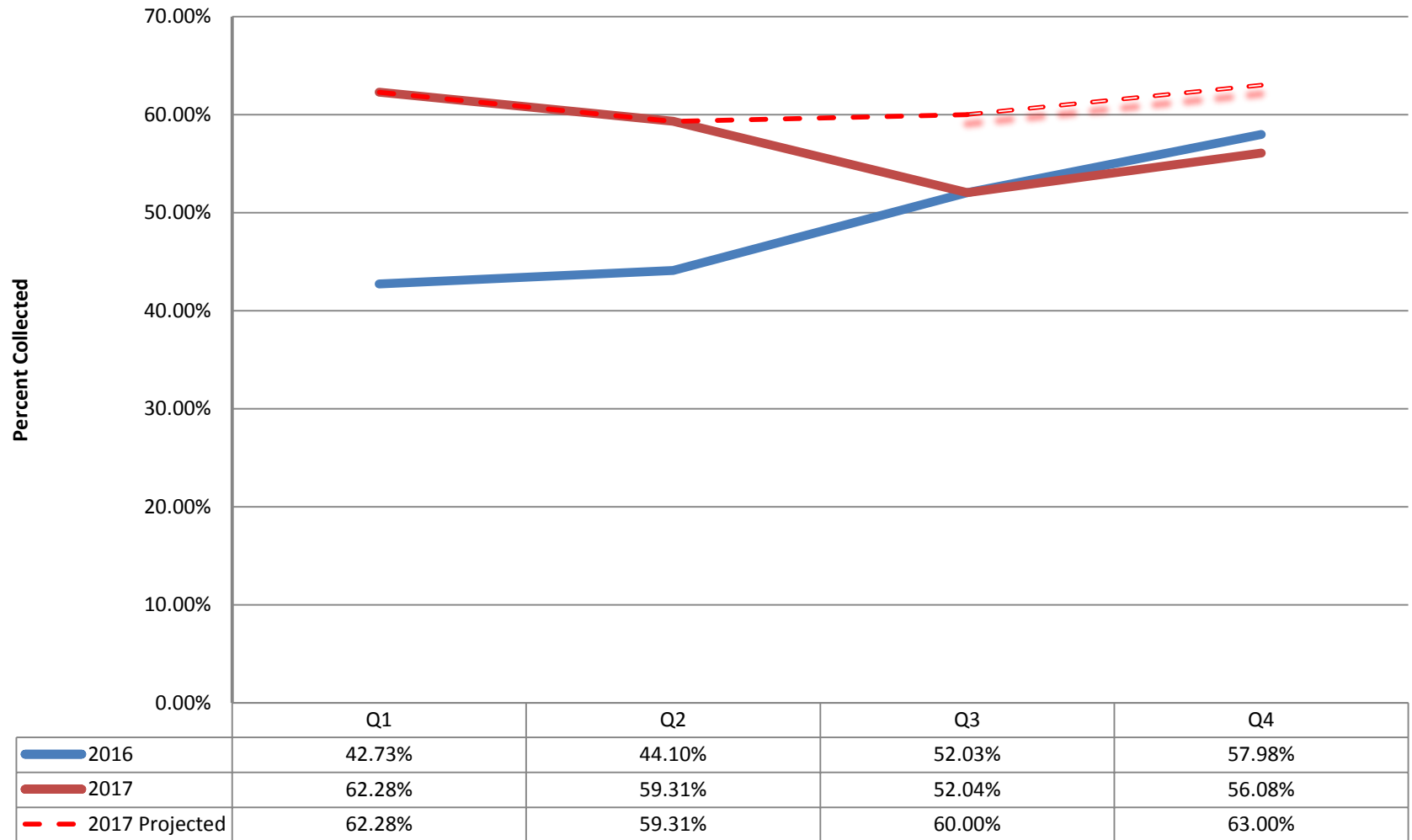
Patient Tracking Billing Management Information System

PTBMIS Payment Screen

Moving Forward

- Availity clearinghouse

- In-network with Private Insurance

- Renewing TennCare contracts

MetroPublicHealthDept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

Metropolitan Government of Nashville and Davidson County
Animal Control Fees Per Metro Code of Ordinances Section 8.04.130 (A)

Impound fee*.. $50.00 per animal

Boarding fees/per day*

Dogs $18.00

All others $4.00

Duplicate Tag $2.00

Rabies vaccination (with one year license) $10.00

Rabies vaccination (with three-year license) ………………………………$26.00

License fee (per year) $8.00

Microchip implant $25.00

Animal trap security deposit

Dogs $100.00/each

Cats $50.00/each

Kennels

1) For each kennel of less than ten dogs, twenty dollars per year or any fraction thereof;
2) For each kennel of from ten to twenty dogs, twenty dollars per year or any fraction thereof;
3) For each kennel of over twenty dogs, thirty dollars per year, or any fraction thereof.

* Per Metro Code 8.04.130 (E) the department may discount or waive these fees "when the dog has been impounded through no fault of the owner as determined by the director of health."

Approved by the Metropolitan Board of Health of Nashville and Davidson County on March 8, 2018

Fiscal Year 2019 Budget Update for Metro Board of Health
Prepared
March 1, 2018

Departments were not asked to prepare and submit budget request for this budget cycle. Instead, to achieve our goal of maintaining a solid financial foundation, each department was asked to identify mandatory budgetary requirements. These non-discretionary items may include:

1. Regulatory requirements;
2. Newly opening facilities;
3. Full-year funding for non-discretionary items partially funded last year; and
4. Contractual increases.

Budget Improvement Requests Submitted

1. Budget Improvement Request for $100,000 to continue the Animal Welfare PIP program.
2. Budget Improvement Request for $440,400 to fund the second year of the Community Mental Health Systems Improvement PIP program.

Projected Revenue Estimates

FY2018 $6,037,800 Budgeted Revenue

FY2019 $5,884,900 Projected Revenue

Estimated decrease of $152,900 (majority in Vital Records)

FY2018 $25,393,100 Special Purpose Grant Budget

FY2019 $25,322,200 Special Purpose Grant Budget

Decrease of $70,900

Status Quo Budget

FY2019 will be a Status Quo Budget.

$22,683,800 General Funds/Local Budget

*Final budget could change based on approval of proposed Merit and Cost of Living Adjustments.

Finance Department Hearing is scheduled for March 16th at 10:00 a.m.

Mayor's Hearings scheduled for March 22nd at 2:00 p.m.

Director's Update to the Board of Health
March, 2018

Improve and Sustain Family and Child Well-Being

Insurance Enrollment

The efforts of our Certified Application Counselors to get pregnant women enrolled in an insurance plan continue to yield results. In the last quarter of the 2017 calendar year we enrolled 420 women, a slight increase from the third quarter. Of those, 110 were enrolled in TennCare and 310 were enrolled in CoverKids.

Promote and Support Healthier Living

Tobacco

You may recall we have undertaken several projects over the past four years with funding from a windfall recalibration of Tennessee's payments from the Tobacco Master Settlement Agreement. One of the projects is called CEASE, (Clinical Efforts Against Secondhand Smoke Exposure) which since 2016 we have integrated into pediatricians' offices through a contract with the Cumberland Pediatric Foundation. In December we and Cumberland Pediatrics expanded the model into dental practices for the first time in Tennessee. The dental practices will include Meharry Medical, Matthew Walker Comprehensive Health Center, Interfaith Dental Clinic and Children's Dental Health Center, which have a total of 31 providers.

Create Healthier Community Environments

Youth Violence

MPHD's efforts to reduce youth violence have to date secured commitments from more than 20 organization leaders to participate in this Youth Violence Prevention Collective Impact initiative. These partners include government agencies (MNPD, Juvenile Court, MNPS, Mayor's office), non-profit organizations (Oasis Center, Big Brothers Big Sisters, Project Return, Nashville Prevention Partnerships, Gideon's Army, Neighborhoods Resource Center), and community partners (local clergy, parents, young people). MPHD has an opportunity to fill a significant gap in Nashville by structuring our violence prevention collaborative around true community engagement. The MPHD Collective Impact initiative is working toward a spring 2018 launch date to:

1. Set community agreements for the collective work;
2. Determine a common agenda for addressing violence;
3. Developing priority areas and dividing work across working groups.

Nashville's Strategic Plan for Better Health

The Healthy Nashville Leadership Council continues its work on Nashville's next Community Health Improvement Plan (CHIP). The second phase of the process concludes this month. The core planning group has completed a content analysis based on a survey sent to thousands of Nashvillians in December and January, and from that developed a shared vision of health in the community that will guide the planning, assessments and actions to come. The vision is: *"A healthy Nashville has a culture of compassion and well-being where all people belong, thrive and prosper."*

With the vision statement in place we move to the third phase, which includes four assessments providing a comprehensive picture of health and the status quo.

Prevent and Control Epidemics and Respond to Public Health Emergencies

Opioids

We are currently either planning or assisting with the planning of several opioid-related educational events. The first is the "TN Together: Community Solutions to End the Opioid Epidemic" meeting with the state Department of Health on April 10 and 11. The goal is to explore and potentially share interventions being used at the local level already. In the past few weeks, we have talked with the 'Crimestopper' officers from all of the major universities in the area, and spent time with staff and participants at the DC4 drug court to learn about the impact on lives of a criminal conviction related to opioids.

Along with Kristen Zak from the Mayor's office and the Tennessee Pharmacy Association, we are exploring an expanded drug-take-back program, and we continue working to integrate data from multiple sources. A recent discussion with hospital and emergency preparedness partners led us to pursue a Public Investment Plan (PIP) proposal for an overdose tracking mechanism with the hospitals. Also: Street Works has been approved by the state as the county's Syringe Service Program provider; we have begun taking their returned needles. They brought us three, two-gallon buckets in the first run about two weeks after their application was approved. We will monitor how many needles are returned as an indicator of their ubiquity in the community, the efficacy of Street Works' efforts, and the disposal costs to Metro.

World TB Day

On March 24, 1882, Robert Koch discovered the bacteria causing tuberculosis infection and disease, *M. tuberculosis.* "If the importance of a disease for mankind is measured by the number of fatalities it causes,'' he said, ``then tuberculosis must be considered much more important than those most feared infectious diseases, plague, cholera, and the like." Local health departments mark the anniversary every year, and recognize those still working every day against it. This year, MPHD will observe World TB Day on Friday, March 23, from 10 a.m. to 2 p.m. in the Centennial rooms. Through talks, interactive games, and educational materials, we will inform our community partners on the role we play in combating TB. Featured speakers' topics include the history of TB in Tennessee, current epidemiologic trends for Nashville, how health equity impacts TB outcomes, and insights for better serving our refugee community. We also will premiere "Tubercules" (rhymes with Hercules), a short movie produced by the TB Elimination Program with help from the Metro Nashville Network. You may preview it here: https://youtu.be/yHZOSNKTLNQ**.**

Ryan White & U=U

The Ryan White Planning Council held its annual meeting last month. Bruce Richman, Founding Executive Director of Prevention Access Campaign, spoke to the group about U=U (Undetectable = Untransmittable). There is a growing global community of HIV advocates, activists, researchers, and over 550 community partners from 71 countries uniting to clarify and communicate the message that people with HIV under successful treatment with undetectable virus do not transmit the virus sexually. The CDC said last fall that when treatment "results in viral suppression, defined as less than 200 copies/ml or undetectable levels, it prevents sexual HIV transmission." The CDC went on to say that "people who take

ART (antiretroviral therapy) daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner." This evidence, coupled with other recent scientific advances, validates our community's ability to end the HIV epidemic. Here is a link to the U=U Consensus Statement

Increase Access and Connection to Clinical Care

Nashville General Hospital

The task force on the future of Nashville General continues its work. Along with Dean Veronica Mallett of Meharry, I am co-chairing the group's subcommittee on Models of Care. The Metro Council has created its own group to plan for the hospital's future, and we will aim inform that effort as much as is feasible. The subcommittee's first meeting is next week.

Organizational Updates

Environmental Health

I'd like for you to meet our new Bureau Director for Environmental Health, Hugh Atkins. Hugh started last week.

Public Health Week

Our Public Health Week planning group continues its work, and as we are able we will provide more details of events should you wish to attend. Public Health weeks is April 2-6.

Strategic Plan Update

A status report on the Strategic plan for CY 2017 is included in your packet.

Strategic Plan

MPHD's Strategic Plan 2015-2020 went into effect on July 1, 2015. The plan focuses on five Strategic Organizational Goals that are essential to building and sustaining a strong public health department. Highlights of key actions taken in 2017 to implement the plan are presented in this report. In addition, details of plans for 2018 are included.

Strategic Organizational Goals
1. Strengthen and support the public health **workforce**
2. Strengthen organizational **performance**
3. Develop and strengthen **community collaboration**
4. Advance **health equity**
5. Enhance public health **communication**

1. Strengthen and Support the Public Health Workforce

Progress in 2017

Civil Service Rules were revised to include performance-based incremental pay increases. We implemented step pay scales for some classifications. And, a clearly defined and equitable promotion process was implemented.

The department developed a transparent system for appointment to Workplace Culture committee. This is being used as a template to develop a similar process for appointment to other committees.

The department adopted a Workplace Conduct policy. This policy is aimed at preventing bullying in the workplace.

Dr. Areola was appointed as Deputy Director with responsibilities that include support of key areas of accreditation, performance management, quality improvement, strategic planning, and health equity. These are crucial areas for our success, and in addition, Sanmi is already helping move these areas forward and to resolve issues and concerns more efficiently.

The Human Resources Manager's position was re-evaluated and upgraded. The Human Resources program was moved into the Director's Office as part of continuous quality improvement and a new Human Resources Manager, Les Bowron, was hired after a thorough interview process. Les is very experienced within Metro government in both training and supporting managers as they face challenging situations and grow in their capabilities.

Onboarding survey was analyzed. Recommendations will be implemented in 2018.

Performance Evaluation materials and trainings were provided to supervisors.

Reconfiguration of staff communication opportunities to include a true annual all-staff meeting to be together, celebrate successes, and hear about priorities, as well as town hall meetings to offer better opportunities to listen to staff. A successful annual meeting of all employees was help on November 1, 2017 at Trevecca Nazarene University.

All mandatory trainings were offered to employees and an effective tracking system implemented to remind employees when trainings are due. Additional trainings for supervisors on relevant topics were conducted. Public Health 101 training module was updated.

A workplace culture survey was conducted. Results were analyzed and shared with employees. Relevant actions are being taken in response to some of the findings. Additional steps will be implemented as needed.

Priorities for 2018

- ELT and HR Manager will review the results of the Onboarding survey and implement recommendations.
- Develop Public Health 102 training module.
- Update Performance Evaluation materials.
- Develop template and implement transition planning practices across the department.
- Reconstitute Lentz U team and define implementation plans for trainings.
- Develop transparent process for filling MPHD committee vacancies and to update committee list.
- Continue to implement recommendations from the Workplace Culture survey.

2. Strengthen Organizational Performance

Progress in 2017

The Office of Grants Management provided grant management training to 100% of grant program managers. Training was conducted by Grants Management USA. Additionally, internal grants management training was provided to staff.

Kronos timekeeping system was implemented.

The Health Department currently has 16 different SharePoint sites for document management.

Finance and Administration developed a plan to enhance MPHD's billing capacity and have expanded staff within billing area to three. Metro began billing for TB services. There are new processes for training with clinic staff which decreases the error rates keyed into PTBMIS which, in turn, increases collection rates and our ability to receive payments more quickly. Finance is in

the process of establishing a clearinghouse for claims which will further speed up receipt of payments. The clearinghouse will also allow frontline clerical staff in the clinics to check for TennCare eligibility on one screen as opposed to the three being checked currently.

There is still an ongoing pursuit of being in-network with marketplace insurance. Legal matters have increased timeline than initially expected with Blue Cross/Blue Shield. The process with Cigna will start in the near future.

The Quality Improvement (QI) lead is now in place and the QI council has been established. The timeline for QI trainings will be revisited and will be updated based on the findings of the QI needs assessment.

The customer satisfaction workgroup has been established.

Priorities for 2018

- Tactics for grants and contracts, as detailed in current strategic plan will be revised, as well as new tactics developed.
- Refresher trainings with grant managers on grant management processes will be conducted.
- Complete QI needs assessment, implement trainings, and prepare QI report.
- Customer Service workgroup will develop and implement a process for health department customer satisfaction survey.

3. Develop and Strengthen Community Collaboration

Progress in 2017

In January 2017, MPHD convened potential partners for the 2018 community health assessment (CHA) process. Invited organizations are all required to conduct an assessment. The partners include: Saint Thomas Health, Vanderbilt Medical Center, Metro Social Services, Matthew Walker Health, Neighborhood Health, and Connectus Health. A new Community Health Improvement Plan will be the final product of the combined assessment process.

The Core Team for the community health assessment has been meeting monthly since January 2017 in preparation for the combined assessment process. The Team will use the Mobilizing for Action through Planning and Partnership (MAPP) process for the assessment and plan development. The Core Team will regularly update the Healthy Nashville Leadership Council (HNLC) who serves as the Steering Committee for the process. Core Team is developing a draft timeline and work plan for the 2018 assessment process and will share with the HNLC.

- Complete Community Health Status Assessment
- Align community health assessment processes with community partners
- Conduct 360 assessment of external partnerships
- Develop recommendations for improving MPHD partnerships
- Create and implement protocols for improving internal and external data usage and sharing and/or revise timeline as necessary

4. Advance Health Equity

Progress in 2017

In 2017, MPHD hired a Health Equity Coordinator to advance health equity within the health department. The Coordinator has been meeting with MPHD's Health Equity Committee monthly since June, 2017. The Health Equity Team has created a Health Equity Plan, which includes MPHD's 3-year plan to advance health equity within MPHD. The Committee determined that education of staff is necessary prior to a formal assessment of MPHD's equity work and knowledge. In addition, the team is using multiple educational approaches including blog posts on MPHD'S Intranet site, articles in the Health Director's Friday Notes, information page on the Intranet, lunch-and-learns and other staff presentations.

Health equity was also advanced through MPHD's work with the Youth Advisory Board (YAB). The YAB, consisting of youths in Davidson County, conducted a photo voice project in May 2017 which illustrated the inequities visible to youth in their own communities. The Youth Advisory Board is in the process of planning a citywide community teen talk, scheduled for March 2018.

MPHD also collaborated with Metro Planning to create a scale, which weighted Metro project requests higher if the project was focused on low-income, minority communities or located within those communities, to measure how effectively projects address equity.

Priorities for 2018

- Conduct internal health equity assessment.
- Create health equity framework for MPHD.
- Create health equity policy for MPHD.
- Complete the youth health equity report in 2018.

5. Enhance Public Health Communication

Progress in 2017
Branding framework has been integrated into internal activities and external communications. Branding framework is part of the new employee orientation and is included as a resource for employees in the public relations section on MPHD's Intranet site.

The Communications Office provides hands on support to staff to ensure consistent brand identity on all news releases, emails, and social media sites and other forms of internal and external communications.

The Communications Office continues to educate and engage employees to be effective brand ambassadors of MPHD as they work in the community, and continues its work to represent MPHD and all the work it does to the community.

In 2017, The Communication Team identified the need for a Newsletter Committee. The ELT nominated staff to participate and the committee meets/corresponds via email to generate story ideas for the department.

In July 2017, health literacy training was provided to Supervisors at the supervisor's meeting.

Media trainings were conducted for key employees in 2017.

Strategic Plan, Annual Status Report Calendar year 2017

	= completed/ongoing
	= on track
	= awaiting implementation

GOAL 1	STRENGTHEN AND SUPPORT THE PUBLIC HEALTH WORKFORCE	RESPONSIBLE PROGRAM/PERSON	STATUS	COMMENTS
	HUMAN RESOURCES			
Objective 1.1	By July 2017 and ongoing, 100% of MPHD supervisors will utilize MPHD Human Resources' guides for hiring, development and retention of employees.	Human Resources		
	Tactic 1: By July 2016 and ongoing, 100% of MPHD supervisors will utilize MPHD Hiring Practices Manual and its process in new hire and promotional decisions in accordance with Civil Service Rules.	Human Resources		Group Consensus form is required for new hires and promotions at grade levels outlined in the Civil Service Rules for the Human Resources activity to move forward.
	Tactic 2: By October 1, 2016 develop Onboarding Survey.	Human Resources		Onboarding Survey sent out to staff in December 2016.
	Tactic 3: By November 1, complete onboarding survey.	Human Resources		Results analyzed, January 2017.
	Tactic 4: By December 1, submit changes to HR/ELT for review/approval.	Human Resources		In progress; pending completion of revisions and creating processes to support. This would fall to the HR Director. Position recently filled
	Tactic 5: By January 1, finalize all changes to Onboarding Manual.	Human Resources		Onboarding survey complete to get feedback from staff/managers, edits made to the Onboarding Manual and the updated version is on the Intranet
	Tactic 6: By July 1, 2017 offer annual Performance Evaluation Refresher training to supervisors.	Human Resources		Review of written performance evaluation material to be conducted at Supervisor/Manager meeting prior to 2017 annual evaluation. Coaching and Mentoring training provided by Metro HR at January 2017 Supervisor / Manager meeting.
	Tactic 7: By July 1, 2017, make performance evaluation supporting materials and trainings available to supervisors.	Human Resources		Written guidelines were developed and distributed to supervisors via e-mail and placed with Performance Evaluation material on the Intranet.

	Tactic 8: By July 1, 2018 and ongoing, annually review and revise Performance Evaluation trainings and supporting materials.	Human Resources	☐	Future task with potential for survey of what additional information would be beneficial in the performance evaluation process. Will continue to incorporate other related training during Supervisor / Manager meetings on an ongoing basis.
	Tactic 9: By July 2017, update practices for promotions and merit increases based on revised Civil Service rules.	Human Resources	☐	Civil Service Rules revised to include incremental pay increases based on performance with the implementation of step pay scales for some classifications. Promotional process for non-vacant positions developed by ELT and is in use.
INTERNAL COMMUNICATION				
Objective 1.2	Starting July 2015 and ongoing, 100% of bureau directors will visit all sites and meet with programs and staff quarterly to share and receive information about program operations.	Director of Health/Bureau Directors	☐	
Objective 1.3	Starting July 2015 and ongoing, 100% of programs will meet at least monthly to enhance two-way communication to improve program and departmental performance.	Bureau Directors and Program Directors/Supervisors	☐	Bureau Directors report that they are meeting with programs at least once monthly
Objective 1.4	By July 2016 and ongoing, each year, 90% of staff will attend a quarterly General Staff Meeting.	Director of Health/ ELT	☐	Changed to yearly staff meeting, November 2017
	Tactic 1: Inform staff on departmental issues and to engage staff to share programmatic updates, ideas, concerns and suggestions for improvement.	Director of Health/ ELT	☐	Town Hall Meetings for every Bureau with Dr. Paul; completed for 2017
	Tactic 2: Solicit employee feedback to help form agenda of the quarterly meetings.	Director of Health/ ELT	☐	Update tactics to reflect one annual and two decentralized town hall
Objective 1.5	By December 2017, develop and implement an annual employee meeting to recognize staff and discuss the state of the department and public health in Nashville.	Director of Health/ ELT	☐	November 1st, 2017 All Staff Meeting. Completed for 2017

	TRAINING			
Objective 1.6	By December 2015, adopt and implement a Workforce Development Plan for the department that assesses and addresses workforce needs, builds leadership capacity, and ensures the timely completion all required Metro and MPHD required trainings.	Lentz U/Workforce Development Team	🟦	Supervisors have access to Lynda.com for individualized professional growth. Supervisor Meetings are also utilized to provide training to Supervisors. Supervisors received training on Health Literacy (July 2016), Resources to Address Employee Performance (Sept 2016), Conflict Management and Managing Difficult Personalities (Nov 2016) and Conduct "Coaching and Mentoring" (Jan 2017).
	Tactic 1: Starting in July 2015 and ongoing, implement a Supervisor training series annually.	Lentz U/Workforce Development Team	🟦	
	Tactic 2: By July 2016 and ongoing, ensure all staff have access to Public Health 101 and 102 trainings to strengthen the department's knowledge of the core functions of public health.	Lentz U/Workforce Development Team	🟩	Updating of PH101 is complete using CDC's online PH101 course. PH102 still needs development or tactic change. To be determined by Lentz U Team when they update the department's Workforce Development Plan (to be updates Jan 2018)
	Tactic 3: Annually, ensure all mandatory Metro, MPHD and job-specific trainings are offered and completed in a timely manner.	Lentz U/Workforce Development Team	🟦	Training database created; supervisors have received individualized reports on their staff's training records and needs. Another staff training update will be given to supervisors in Feb 2017 so they may plan training needs of their staff for the remainder of the year.
	LEADERSHIP/WORKFORCE MORALE			
Objective 1.7	By July 2017, develop a transparent process for filling MPHD committee vacancies.	Workplace Culture Committee	🟩	We have developed a balanced and transparent system for how to be appointed to Workplace Culture committee. Tactics and timelines will be adjusted to address a) formal inventory of MPHD committees with up to date charters for each. b) general principles for filling committee vacancies c) guidelines for assigning staff to committees.
Objective 1.8	By July 2018, implement at least two recommendations from Workplace Culture Assessment.	ELT	🟩	Ongoing. The report was reviewed extensively by ELT. A response detailing interventions and inviting suggestions from staff was sent out by Dr. Paul.

		RESPONSIBLE PROGRAM/PERSON	STATUS	COMMENTS
	Tactic 1: By July 2017, and every 3 years at minimum, assess the work environment for employee engagement, morale, internal communication and innovation (Workplace Culture Assessment).	Quality of Life-Workplace Culture Committee	(blue)	Reviewed/ Presented by Sanmi Areola at All Staff Meeting (November 2017) & to Board of Health. Will be made available to staff on Intranet
	Tactic 2: By December 2016, utilize assessment to make recommendations to ELT.	Quality of Life-Workplace Culture Committee	(blue)	Assessment complete, will take recommendations from staff
Objective 1.9	By July 2018, implement 'transition planning' practices across the department.	Shoana Anderson	(yellow)	
	Tactic 1: By December 2016, research and identify transition planning practices.	Bureau Directors	(blue)	Done-presented to ELT on June 24, 2016
	Tactic 2: By July 2017, adopt transition planning plan	ELT	(green)	Shifted to December 2018, templates and pilot results discussed in April and May ELT meetings. Revisions needed, but not yet completed.
	Tactic 3: By July 2018, each bureau will implement transition planning practices.	Bureau Directors	(yellow)	Shifted to July 2019 pending adoption of templates
	Tactic 4: By June 2019, review/evaluate and revise transition planning practices.	ELT	(yellow)	Shifted to July 2020.
GOAL 2	STRENTGTHEN ORGANIZATIONAL PERFORMANCE	RESPONSIBLE PROGRAM/PERSON	STATUS	COMMENTS
Objective 2.1	By July 2016, develop a plan for identifying and selecting new grant opportunities.	Office of Grants Management	(blue)	
	Tactic 1: Make grant writing workshops available to staff as applicable.	Office of Grants Management	(green)	Estimated completion date March 2018
Objective 2.2	By July 2016, all grants applications and contracts will use established processes for monitoring and assessing risks of grant opportunities.	Office of Grants Management	(blue)	
Objective 2.3	By July 2017, all active grants and contracts will use established processes for monitoring and evaluation of activities.	Office of Grants Management	(blue)	
	Tactic 1: Conduct monthly financial monitoring of grant funds and programmatic reviews of grant activities per contract/grant guidance.	Office of Grants Management	(blue)	

| Objective 2.4	By July 2016 and ongoing, 100% of grant program managers will receive grant management training.	Office of Grants Management		New grant managers are offered a grants training from Grants Management USA in May or November each year. Additionally, MPHD's Grants Management Division will be offering an internal grants management training this year to staff.
	Tactic 1: Train to educate program managers on Metro government and MPHD grant management processes and policies.	Office of Grants Management		
REVENUE				
Objective 2.5	By July 2019, implement a plan to enhance our billing capacity.	Finance and Administration		Plan is in place. We have expanded the staff within the billing area to three. Beginning in FY17, we began billing for TB services. We have established new processes for training with clinic frontline staff, decreasing the error rates keyed into PTBMIS, leading to cleaner claims and fewer rejections which increase our collection rates and receive payments more quickly. In progress – establishing a clearinghouse for claims which will further speed up the above as well as give clearer picture of reason for denials. This will also allow our frontline clerical staff in clinics the ability to check just one screen for TennCare eligibility as opposed to the three they have to check now.
	Tactic 1: By July 2017, develop a plan to enhance our billing capacity.	Finance and Administration		See above
Objective 2.6	By July 2017, become an in-network provider to marketplace insurance.	Director's Office		Still ongoing pursuit of being in-network with marketplace insurance. Legal dealings have increased the timeline beyond what was initially expected with Blue Cross/Blue Shield. While we were working off of an existing agreement BC/BS had with the State, Metro Legal made some changes to the agreement that necessitated further review from BC/BS legal team, which is ongoing currently. We will begin the process with Cigna in the very near future.
Objective 2.7	By July 2020, establish appropriate partnerships with philanthropic organizations that support public health strategies in Nashville.	Finance and Administration		This ongoing and discussions continue. Below are a few initiatives: 1. Multiple organization support for Healthynashville.org 2. Various supports by NashvilleHealth of MPHD initiatives (infant vitality, All In Speaker series) 3. Planning collaboration on BRFSS

				4. Pushing to leverage NashvilleHealth activities to support of CHIP
	Tactic 1: By July 2018, 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.).	Director of Health/ Finance and Administration	🟨	Shifted to December 2018
	Tactic 2: By July 2018, facilitate the development of partnerships that provide financial support for public health initiatives.	Director of Health	🟨	Ongoing. Partnership with Nashville health is providing some support.
TECHNOLOGY				
Objective 2.8	Tactic 1: By December 2016, assess technology needs of staff to identify gaps (equipment, software, and/or trainings) and develop a plan to enhance public health services and administrative technology usage.	Finance and Administration	🟦	Completed. All bureau directors were surveyed about their needs/usage forecasts and all said that their needs were being met. We also shared current device inventories with the bureau directors and they were satisfied with the number and types of devices assigned to the employees within their bureaus.
	Tactic 2: By July 2017, implement Kronos timekeeping system.	Human Resources	🟦	Completed May 2017
	Tactic 3: By July 2016, develop a plan for SharePoint implementation for the department.	Finance and Administration	🟦	Health Department currently has 16 different SharePoint sites.
	Tactic 4: By July 2017, implement SharePoint as a document management tool.	Finance and Administration	🟦	Health Department currently has 16 different SharePoint sites. Many of these sites utilize document management functions contained within SharePoint for sharing/collaboration with MPHD users as well as users outside of MPHD.
QUALITY IMPROVEMENT				
Objective 2.9	By December 2015 and ongoing, adopt a departmental QI plan.	QI Team	🟩	Updated on 2-year cycle, and needs to be updated; Pending needs assessment
	Tactic 1: By July 2017 and ongoing, provide QI trainings annually to increase knowledge and capacity of staff to conduct QI activities.	QI Team	🟩	Will need to be updated based on findings of the departments QI needs assessment. Expected Spring 2018
	Tactic 2: By July 2016 and ongoing, implement QI projects.	QI Team	🟩	See above

			STATUS	
	Tactic 3: By July 2016, implement a customer satisfaction initiative for clinics and appropriate programs.	QI Team	🟩	Coordinating a customer satisfaction workgroup that will develop the department's customer satisfaction survey. Clinics have implemented satisfaction surveys. Revised date on tactic needed
	Tactic 4: By July 2016 and ongoing, prepare an annual QI report.	QI Team	🟩	Will need to be updated based on findings of the departments QI needs assessment. Expected Spring 2018
Objective 2.10	Beginning in December 2016, develop and disseminate an annual comprehensive report of MPHD's progress toward achieving the strategic plan.	Director's Office	🟦	2017 Strategic Plan Report complete
Goal 3	DEVELOP AND STRENGTHEN COMMUNITY COLLABORATION	RESPONSIBLE PROGRAM/PERSON	STATUS	COMMENTS
Objective 3.1	By December 2015, develop a monitoring and evaluation plan for the current Community Health Improvement Plan (CHIP).	Prevention and Wellness	🟦	
	Tactic 1: By December 2015, Healthy Nashville Core Indicator Set will be displayed on the Healthy Nashville community portal.	Prevention and Wellness	🟦	
	Tactic 2: Draft annual report on CHIP progress.	Prevention and Wellness	🟦	
	Tactic 3: Beginning in December 2017, update Community Health Profile every three years.	Epidemiology	🟦	In January 2018 work to redefine tactics and revise and/or create timeline
Objective 3.2	By July 2019, convene partners and community members to develop a new Community Health Improvement Plan.	Prevention and Wellness	🟩	January 2017, MPHD convened potential partners for the 2018 community health assessment process. Invited organizations are all required to conduct an assessment and include: Saint Thomas Health, Vanderbilt Medical Center, Metro Social Services, Matthew Walker Health, Neighborhood Health, ConnectUsHealth. A new Community Health Improvement Plan will be the final product of the combined assessment process.

COMMUNITY HEALTH ASSESMENT (CHA)				
Objective 3.3	By July 2018, align community health assessment processes with community partners.	Director of Health/ Population Health (Prevention and Wellness, Epidemiology)		Core Team has been meeting monthly since January 2017 and is functioning as the conveners for the upcoming combined assessment process. We will use the Mobilizing for Action through Planning and Partnership (MAPP) process for the assessment and plan development. Core Team will regularly update the Healthy Nashville Leadership Council (HNLC) who will serve as the Steering Committee for the process. There is cross-pollination between the Core Team and HNLC. Core Team is developing a draft timeline and work plan for the 2018 assessment process and will share with the HNLC in December 2017.
	Tactic 1: Establish a committee to identify data gaps.	Director of Health/ Population Health (Prevention and Wellness, Epidemiology)		Core Team has used the Circles of Involvement exercise to identify community organizations to contact for participation in the 2018 assessment process. Committee for data review will be chosen in spring 2018 for the Community Health Status assessment.
	Tactic 2: Committee to recommend strategies for addressing those gaps	Director of Health/ Population Health (Prevention and Wellness, Epidemiology)		This tactic is part of the Community Health Status assessment, one of the four assessments to be conducted in 2018.
	Tactic 3: By July 2018, develop and implement a process for primary data collection to fill data gaps.	Director of Health/ Population Health (Prevention and Wellness, Epidemiology)		Conversations are occurring with community partners regarding instituting local primary data collection as part of the CHA process.
Objective 3.4	By July 2018, convene partners and community members to complete Community Health Assessment.	Prevention and Wellness		See above

			STATUS	
	Tactic 1: By December 2017, conduct a process evaluation of previous CHA and use to inform the development of a work plan.	Prevention and Wellness	🟨	Community Development & Planning and Epidemiology staff are working together to design a process evaluation plan. Intend to conduct key informant interviews and a more discreet quantitative survey of persons involved in the 2013 CHA. Plan to conduct interviews and surveys by December 15, 2017 and use the analysis for final work plan development and modifications.
COMMUNITY COLLABORATION
Objective 3.5	By July 2019, build staff capacity to engage and collaborate with the community.	ELT	🟩	Technology of Participation (ToP) training was provided to a number of staff. There are also ongoing collaborations in Environmental Health and Community Health with community advisory groups.
	Tactic 1: By July 2017, inventory existing partnerships with MPHD programs and external partners.	ELT	🟦	
	Tactic 2: By December 2017, conduct 360 assessment of partnerships.	ELT	🟨	The template is being developed. Time is revised to July 2018.
	Tactic 3: By July 2018, develop recommendations for improving MPHD partnerships.	ELT	🟨	Shifted to December 2018.
	Tactic 4: By December 2018, provide training to staff on methods of community collaboration.	ELT	🟨	Technology of Participation (ToP) training was provided to a number of staff.
Objective 3.6	By July 2018, create and implement protocols for improving internal and external data usage and sharing.	Epidemiology	🟨	In January 2018 work to redefine tactics and revise and/or create timeline
	Tactic 1: By December 2015, identify and catalog data sets.	Epidemiology	🟨	In January 2018 work to redefine tactics and revise and/or create timeline
	Tactic 2: By December 2017, develop internal and external protocols for data management to address use of common language, confidentiality, storage, sharing and access.	Epidemiology	🟨	In January 2018 work to redefine tactics and revise and/or create timeline
GOAL 4	ADVANCE HEALTH EQUITY	RESPONSIBLE PROGRAM/PERSON	STATUS	COMMENTS
HEALTH EQUITY TRAININGS
Objective 4.1	By July 2018, develop and implement a health equity training plan to deliver to all employees.	Health Equity Coordinator	🟨	Update to August 2018

	Tactic 1: By July 2018, identify and implement training for MPHD leadership regarding public health leadership and health equity.	Health Equity Committee	🟨	Update to December 2018
	Tactic 2: By July 2018, identify and implement health equity trainings for all MPHD employees.	Health Equity Coordinator	🟨	Update to December 2018
	Tactic 3: By July 2018, host facilitated discussions to develop common understanding of health equity and social determinants definitions and how they apply to public health work.	Health Equity Committee; Health Equity Coordinator	🟩	Update to August 2018
HEALTH EQUITY AT MPHD
Objective 4.2	By December 2018, develop and implement health equity plan.	Health Equity Committee/ Health Equity Coordinator	🟩	Updated responsible party
	Tactic 1: July 2016, establish a department health equity team with a representative from each bureau.	ELT	🟦	
	Tactic 2: July 2017, health equity team to assess and make recommendations to ELT.	Health Equity Team	🟦	
	Tactic 3: By July 2018, identify and implement a health equity review tool to assess MPHD policy and programs.	Health Equity Committee/ Health Equity Coordinator	🟩	Update to March 2018, updated responsible party
HEALTH EQUITY REPORT
Objective 4.3	By December 2015 and updated a minimum of every three years, publish a report on health equity and social determinants of health in Nashville.	Epidemiology	🟩	2015 Health Equity Report complete 2018 report in progress
	Tactic 1: By July 2017, publish a report on health equity issues of Nashville youth with recommendations for addressing youth equity issues.	Population Health Bureau	🟩	Need updated timeline
Objective 4.4	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.	Prevention and Wellness	🟦	

			STATUS	
	Tactic 1: By December 2015, utilize community presence at Summit to begin prioritization of health equity issues for Nashville.	Prevention and Wellness	🟦	
	Tactic 2: By December 2015, utilize community presence at Summit to develop a common language for discussing health equity and use to inform educational activities.	Prevention and Wellness	🟦	
HEALTH EQUITY IN METRO				
Objective 4.5	By July 2019, incorporate health equity as a component of Health in All Policies (HiAP) efforts, highlighting opportunities for Metro agencies to consider health equity in their policies and processes.	Health in All Policies Team	🟩	The HiAP team worked with Metro Planning to incorporate consideration of equity in their Capital Improvements Budget process. This new process was used in decision making in the last iteration of the process.
	Tactic 1: By July 2016, identify an equity impact review tool to describe impacts of proposed policies and programs on historic patterns of inequity.	Health in All Policies Team	🟩	
	Tactic 2: By July 2017, develop a process for testing and fully implementing equity impact review tool.	Health in All Policies Team	🟩	
	Tactic 3: July 2019, advocate to a minimum of five decision making bodies (e.g. Mayor's office, Metro Council, Boards and Departments) use of an equity impact review tool for decision-making. [note: MPHD will identify and implement health equity impact review tool]	Health in All Policies Team	🟨	Update to August 2020
GOAL 5	EFFECTIVELY COMMUNICATE PUBLIC HEALTH INFORMATION AND THE VALUE OF PUBLIC HEALTH	RESPONSIBLE PROGRAM/PERSON	STATUS	COMMENTS
BRANDING				
Objective 5.1	By 2016, develop and implement an agency-wide brand strategy.		🟦	
Objective 5.2	By 2017, integrate the brand framework into internal activities and external communications.		🟦	Branding framework is part of new employee orientation and is included as a resource for employees in the public relations section on MPHD's Intranet site.

	Internal systems improvement activities include the agency-wide strategic plan, voluntary accreditation, organizational development initiatives, staff trainings, and new employee orientations.		▢	
	Internal and external communications include news releases, newsletters, brochures, annual reports, videos, as well as communication platforms (e.g., websites, social media sites, traditional print and broadcast media), and communications plans.		▢	The Communications Office provides hands on support to staff to ensure consistent brand identity on all news releases, emails, social media sites and other forms of internal and external communications.
	Tactic 1: Ensure that senior staff have a foundational knowledge base in organizational brand building principles and practices in order to provide strategic leadership in these areas.		▢	
	Tactic 2: Educate and engage employees at all levels and empower staff to be effective ambassadors of the MPHD "brand" in the community.		▢	

COMMUNICATIONS TRAINING				
Objective 5.3	By July 2016 and ongoing, deliver health literacy trainings to increase cultural competence and develop effective public health messages.	Lentz U	▢	Health Literacy Training provided to Supervisors at July 27th Supervisor Meeting.
Objective 5.4	Beginning in 2017, annually utilize data and mapping tools to demonstrate public health achievements and highlight needs to decision-makers, partners and community.	ELT	▢ (yellow)	
	Tactic 1: By December 2017, use as tool for advocacy with elected officials, stakeholders and the community.	Director's Office	▢	

COMMUNICATIONS				
Objective 5.5	By December 2015, establish a communications system to generate information, from all levels of staff, to promote and build awareness and support for MPHD.	Communications Office		
	Tactic 1: By December 2015, generate content for MPHD's Annual PR plan editorial calendar by hosting quarterly communication brainstorm sessions (one each quarter) with all levels of staff.	Communications Office		Calendar of story ideas are part of the department's communication plan. The calendar is flexible to accommodate new or emerging issues that require communication.
	Tactic 2: EMT and Communications Office will identify 15 participants for each quarterly session.	Communications Office		Quarterly meetings are taking place among employees from each bureau. We choose new employees for each session.
	Tactic 3: Generate a minimum of 3 story ideas per quarter, complete with 5 Ws, and identified point persons during each brainstorm session.	Communications Office		The story ideas are identified as part of the quarterly meetings.
	Tactic 4: Starting in July 2015, quarterly review and edit MPHD website for accuracy and content.	Bureau Directors/Program Managers		Quarterly discussions occur during ELT tactic meetings.
Objective 5.6	By December 2016, establish a three-deep communication process where each MPHD program/division has three people prepared to provide content and present information as a department spokesperson.	Communications Office		The three-deep approach is in place. This is an ongoing process to accommodate new staff into key positions.
	Tactic 1: Bureau Directors and Communications Office identifies three people (Typically, Bureau Director, Division Director, Program Manager, or front line staff) as content providers and department spokesperson.	Communications Office/Bureau Directors		Key positions have completed communications/media training.
	Tactic 2: Provide media training to those identified as content providers and department spokespersons.	Communications Office		Media training among key staff has been completed. Additional media training will be scheduled to accommodate hiring new staff into key positions.

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 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.

BASIC ANIMAL STATS MATRIX

(vrs 6_13_2011)

Species	Canine		Feline		Total
By Age	Adult	Up to 5 months	Adult	Up to 5 months	
A Beginning Animal Count (date: 02/01/2018)	66	4	26	10	106
Intake					
B Stray/At Large	175	17	24	6	222
C Relinquished by Owner	61	4	35	8	108
D Owner Requested Euthanasia	13	0	2	0	15
E Transferred in from Agency	0	0	1	0	1
F Other Intakes	9	1	6	0	16
G TOTAL INTAKE	258	22	68	14	362
Outcomes					
H Adoption	84	16	42	13	155
I Returned to Owner	82	5	9	0	96
J Transferred to another Agency	30	4	14	3	51
K Other Live Outcome	0	0	0	0	0
L TOTAL LIVE OUTCOMES	196	25	65	16	302
M Died in Care	0	0	1	0	1
N Lost in Care (Physical Inventory Adjustments)	0	0	0	0	0
O Shelter Euthanasia	36	0	5	0	41
P Owner Requested Euthanasia	12	0	0	0	12
R TOTAL OUTCOMES	244	25	71	16	356
Q Ending Shelter Count (date: 2/28/2018)	77	1	28	3	109

SAVE RATE:	85.37%	100.00%	91.18%	100.00%	88.00%

METRO ANIMAL CARE AND CONTROL

Trailing 12 Month – Data Report

		Feb-18	Trailing 12 Month Average Ending Dec. 31st, 2018
A	Intake Total	380	600
B	Stray	225	348
C	Owner Surrender	113	189
D	Owner Req. Euth	16	71
E	Wildlife	10	13
F	Other	16	21
G	Adopted	156	222
H	Transfer	58	153
I	RTO	96	104
J	ORE Euthanized	13	33
K	Wildlife Euthanized	2	7
L	Euth Total	61	110
M	Euth %	12%	0

Data Report Key
Intakes
Outcomes