Metropolitan Board of Health of Nashville and Davidson County
April 12, 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
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
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

Correctional Health Monitoring Update

Jim Diamond shared a PowerPoint on Correctional Health Monitoring, and he and Dr. Wright addressed questions about the contract monitoring (Attachment I).

Approval of Transit Resolution

Tom Sharp presented two drafts for the Transit Resolution (Attachment II).

Dr. Jahangir made a motion to approve the Resolution recognizing the potential health benefits of Nashville's proposed transit plan as presented. Dr. Campbell seconded the motion, which passed unanimously.

Approval of U=U Resolution

Chair Etherington recognized Brady Morris, chair of the Ryan White Planning Council, who expressed his support of the proposed resolution in support of the Prevention Access Campaign's Consensus Statement including its Undetectable = Untransmittable (U=U) message.

Tom Sharp presented the draft resolution (Attachment III).

Dr. Jahangir made a motion to approve the Resolution in support of the Prevention Access Campaign's Consensus Statement including its Undetectable = Untransmittable (U=U) message as presented. Dr. Johnston seconded the motion, which passed unanimously.

Approval of Grant Applications

There were no grant applications presented.

Approval of Grants and Contracts

Peter Fontaine presented thirteen items for approval:

1. **Children's Special Service**
   Term: July 1, 2018-June 30, 2021
   Amount: $2,182,500
2. **Vanderbilt University Medical Center Dietetic Affiliate Agreement**
   Term: March 1, 2018-February 28, 2023
   Amount: NA
3. **Safe Coalition**
   Term: May 1, 2018-April 30, 2019
   Amount: $15,000
4. **Baby & Me Tobacco Free**
   Term: July 1, 2018-June 30, 2019
   Amount: NA
5. **Day Reporting Community Resource Center**
   Term: 5 years at execution
   Amount: NA
6. **Vanderbilt University School of Nursing Affiliate Agreement**
   Term: May 1, 2018-April 30, 2023
   Amount: NA
7. **Prenatal Presumptive Eligibility**
   Term: July 1, 2018-June 30, 2019
   Amount: $206,600
8. **Health Promotion Services**
   Term: July 1, 2018-June 30, 2020
   Amount: $232,000
9. **Environmental Health Inspections**
   Term: July 1, 2017-June 30, 2022
   Amount: $0
10. **BlueCross BlueShield of Tennessee Provider Agreement**
    Term: Execution +3 years
    Amount: NA
11. **Tobacco Prevention & Cessation Services (Tobacco Settlement)**
    Term: July 1, 2018-June 30, 2019
    Amount: $373,500
12. **Conduent HCI (www.healthynashville.org)**
    Term: January 1, 2017-December 31, 2018
    Amount: $75,000
13. **TennCare Oral Health**
    Term: July 1, 2018-June 30, 2020
    Amount: $1,792,600

Dr. Campbell made a motion to approve the grants and contracts as presented. Dr. Johnston seconded the motion, which passed unanimously.

Approval of the March 8, 2018 Meeting Minutes

Dr. Jahangir made a motion to approve the minutes of the March 8, 2018 Board of Health regular meeting with minor corrections. Dr. Campbell seconded the motion, which passed unanimously.

Director's Report

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

Les Bowron provided an update related to the Ryan White Part A Program.

Report of the Chair

Chair Etherington commended the staff who participated in the Systems Change panel during Public Health Week. She also expressed her appreciation for Mayor Briley's comments at the finale and the insight he provided into his approach to public health.

Chair Etherington asked Dr. Johnston to share comment about the event honoring Matthew Walker, Sr., at which former Board of Health member Dr. Henry Foster, Jr., was the keynote speaker. Dr. Johnston spoke very highly of Dr. Walker's legacy and vision, and his work in North Nashville in particular.

Chair Etherington also noted the recent, unexpected passing of Dinah Gregory, who had served at Metro Social Services for over 30 years and recently had retired. She had been heavily involved in community assessments for Metro, and worked closely with many MPHD staff.

Review of Board Requests

- The Resolutions regarding Transit and U=U will be shared with media, the Mayor's office and Metro Council, and on social media.
- Dr. Paul will provide the number of dietitians on staff.

CIVIL SERVICE BOARD

Proposed Civil Service Rules Revision

Les Bowron explained the proposed revision to Civil Service Rule 4.3 and requested Board approval (Attachment V). There were no public comments.

Dr. Jahangir made a motion to adopt the revision to the Civil Service Rule 4.3 as proposed. Dr. Campbell seconded the motion, which passed unanimously.

Approval of Layoff List

Les Bowron presented a layoff list for Board approval (Attachment VI) and explained the layoff process.

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

Personnel Changes

Les Bowron presented the personnel changes. Dr. Johnston asked when information is provided about why employees have left the department. Exit Interview Reports are provided in the December and June Board packets.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, May 10, 2018, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 5:25 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN
Chair

Attachment I

CORRECTIONAL HEALTH UPDATE

April 12, 2018

Jim Diamond, MBA
Assistant Bureau Director, Finance and Administration

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

Correctional Health Contracts

- Correct Care Solutions (CCS) - Provides medical, dental and mental health services for the Davidson County inmate population at four DCSO facilities
- CCS contract held by MPHD
- Pre-trial detainees and locally sentenced misdemeanants

Correctional Health Contracts

- CoreCivic (Formerly known as CCA) – Provides medical, dental, and mental health services at Metro Detention Facility (MDF)
- CoreCivic contract held by the Davidson County Sheriff's Office
- Houses felons sentenced up to seven years
- Due to construction of new downtown DCSO facility, female pre-trial detainees and locally sentenced misdemeanants (i.e. DCSO inmates) are housed at MDF

Correctional Health Contracts

- Our contract monitors audit and measure adherence to Standards of Care set by both the National Commission of Correctional Health Care (NCCHC), the American Correctional Association (ACA), as well as policies and procedures established by the vendors.

Inmate Population (As of April 8, 2018)

Facility	Population
Davidson County Sheriff's Office Facilities	
Hill Detention Center	183
Correctional Development Center - Male	662
Maximum Correctional Center	357
Offender Reentry Center	183
Total	**1,385**
CoreCivic Facility	
Metro Detention Facility – Male	610
Metro Detention Facility - Female	297
Total	**907**

MPHD Contract Monitor Vacancy

- Monitor housed at the CoreCivic facility resigned mid-March, leaving March 30th
- Request to have position unfrozen sent downtown March 14th – urgency of filling position quickly was stressed
- Position posted internally April 3rd
- Finance Department has indicated the position will be released this week.
- Director of Correctional Health (at least once per week) and monitor assigned to DCSO facilities (at least twice per week) spending time at CoreCivic facility completing audits and attending meetings

Changes Implemented by MPHD

- More stringent review of sick calls including development of new procedures for reviews of sick call
- More frequent meetings with Health Services Administrator (HSA) and warden
- Paths of escalation of issues have been developed
- Dr. Wright has access to electronic medical records for both Correct Care Solutions and CoreCivic and he provides periodic reviews of sick calls and inmate charts

Changes Made by CoreCivic

- New Warden
- Improved staffing levels and training
- Psychiatrist hired in October
- Infection control/CQI nurse hired in October
- Improved employee retention
- Reduced need for agency staffing

Changes Made by CoreCivic

- Sick call spreadsheet created
- Access to care and quality of care have both improved
- 2nd and 3rd sick call requests eliminated
- Medication orders started more timely
- Registered Nurses now performing sick call

CoreCivic Sick Call Compliance

Month	Reviewed	*Non-Compliant	Percent Compliant
May 17	360	222	38.33%
June 17	335	195	41.79%
July 17	572	93	83.74%
August 17	114	16	85.96%
September 17	45	18	60.00%
October 17	53	1	98.11%
November 17	105	9	91.43%
December 17	110	23	79.09%
January 18	160	28	82.50%
February 18	67	3	95.52%

*Non-compliance determined by date sick call triaged and/or date patient seen.

Current Corrective Actions

- 1. Sick call compliance – timeliness of being seen
- 2. Detox – each patient is assessed every eight hours
- 3. Documentation – Vital signs not being recorded in the electronic medical record

CoreCivic Scabies Screening Form

CoreCivic

Screening for Scabies

Date_____

Name_____MR#_____

Allergies_____

Areas Affected

	No	Yes
1. Fingers & Webbing Between Fingers	___	___
2. Skin folds at wrist, elbows & knees	___	___
3. Armpits	___	___
4. Waist	___	___
5. Penis & Scrotum	___	___
6. Lower Buttocks & Upper thigh	___	___
7. Sides & Foot Bottoms	___	___

Are you experiencing any of the following symptoms?

	No	Yes
1. Itching	___	___
2. Small Ref Bumps	___	___
3. Blisters	___	___
4. Skin tunneling	___	___
5. Dermatitis- due to itching	___	___

Date and Time of onset of symptoms _____

Known Contact with person that has similar Symptoms_____

If positive symptomology, refer to Provider for evaluation

Suspected Scabies Cases

- Since October 2017, there have been four cases of scabies-like rashes at CoreCivic

1. October 9, 2017
2. November 22, 2017
3. February 2, 2018
4. February 22, 2018

- All were treated per CoreCivic protocol

Steps Taken with Suspected Scabies Cases

- Patient placed in medical observation for contact isolation
- Visits cancelled
- Court appearances cancelled
- Deep cleaning and sanitization of cell
- Contacts identified, screened, and treated as deemed appropriate
- All inmates in unit are given clean linens and clothing
- Treatment and outside referral as determined by physician

Escalation Path – CCS Contract

1. Contract Monitor and Director of Correctional Health request formal Corrective Action Plan (CAP) to HSA.

2. Director of Correctional Health makes written request to CCS Regional Vice President.

3. Director of Health makes a formal, written request to CCS Chief Medical Officer

4. Director of Health will contact Metro Department of Law seeking remedy for potential breach of contract.

Escalation Path – CoreCivic Contract

1. Contract Monitor and Director of Correctional Health request formal Corrective Action Plan (CAP) to HSA.

2. Director of Correctional Health makes written request to CoreCivic Regional Vice President.

3. With notification to the Sheriff of Davidson County, the Director of Health will make a written request to CoreCivic's Chief Medical Officer.

4. Director of Health will request the Sheriff of Davidson County to contact the Department of Law seeking remedy for potential breach of contract.

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

Resolution

Recognizing the potential health benefits of Metro Nashville's proposed transit plan

WHEREAS, The Metropolitan Board of Health for Nashville and Davidson County shares the mission of the Metro Public Health Department to protect, improve and sustain the health and well-being of all people in Metropolitan Nashville; and,

WHEREAS, Plans and decisions about transportation can have significant positive or negative impacts on the health of the population, and,

WHEREAS Health in All Policies is an approach that helps ensure that projects and policies have neutral or beneficial impacts on health and its determinants[1]; and,

WHEREAS, Davidson County's population is expected to grow to 853,744 [2] by 2040, a 25 percent increase from 2016; and,

WHEREAS, Longer commuting distances have been shown to increase stress and obesity, and reduce physical activity and cardiorespiratory fitness [3]; and

WHEREAS, Nearly 80 percent of Davidson County's workers drive to work, alone [4]; and,

WHEREAS, Limited or inadequate transportation options can reduce access to important services and goods, including educational and health care services and healthy food, particularly among the poor [5,6]; and,

WHEREAS, Evidence supports a causal relationship between exposure to traffic-related air pollution and exacerbation of asthma; and is suggestive of a causal relationship with onset of childhood asthma, non-asthma respiratory symptoms, impaired lung function, total and cardiovascular mortality, and cardiovascular morbidity [7]; and,

WHEREAS, Motor vehicle crashes are the leading cause of death for people between the ages of 1 and 34 [8] and public transit passengers have about one-tenth the fatality rate of car occupants [6]; and,

WHEREAS, Transportation-related physical activity can promote health by increasing daily total physical activity through walking or bicycling to transit stops [9]; and,

WHEREAS, The Metropolitan Government has proposed a transit plan called Let's Move Nashville; and,

WHEREAS, A referendum will held May 1, 2018, on whether to adopt this plan; and,

WHEREAS, The financing mechanism for the plan includes a half-cent increase in the sales tax from July, 2018, through 2022, increasing to one cent thereafter; and

WHEREAS, The Nashville Chamber of Commerce estimates 47 percent of that sales tax will be paid by non-Davidson County residents; and,

WHEREAS, The Let's Move Nashville plan includes free or reduced fares for low income residents to mitigate the impact of the sales tax increase; and,

WHEREAS, Under the state law allowing for the referendum and its financing plan Nashville will now be able to create Transit Oriented Development districts along transit corridors, allowing it to capture some of the increased property value for reinvestment in affordable housing:

NOW, THEREFORE BE IT RESOLVED that the Metropolitan Board of Health of Nashville and Davidson County, on this 12th day of April, 2018, recognizes the potential public health benefits of an improved transportation system and believes the Lets Move Nashville plan being considered by referendum on May 1 will benefit the health and wellbeing of Nashville and Davidson County and its citizens;

NOW THEREFORE BE IT FURTHER RESOLVED that the Metropolitan Board of Health of Nashville and Davidson County recommends using a Health in All Policies approach to ensure that future transportation policies and projects, including Let's Move Nashville as it evolves, have positive or neutral impacts on the determinants of health of Nashvillians, and that public health considerations are systematically integrated into transportation planning, design, and decision-making processes [10].

Carol E Etherington

Carol Etherington, MSN, RN, Chair
Metropolitan Board of Health of Nashville/Davidson County

Francisca Guzman, Vice Chair
Thomas W. Campbell, M.D., Member
A. Alex Jahangir, M.D., Member
Samuel L. Felker, J.D., Member
Margreete Johnston, M.D., Member

[1] American Public Health Association. (2010). *The Hidden Costs of Transportation.* https://www..org/~/media/files/pdf/factsheets/hidden_health_costs_transportation.ashx

[2] Tennessee State Data Center, Boyd Center for Business and Economic Research, ``Tennessee Population Projections: 2016-2070.'' http://tndata.utk.edu/sdcpopulationprojections.htm

[3] Commuting Distance, Cardiorespiratory Fitness, and Metabolic Risk. Hoehner, Christine M. et al. American Journal of Preventive Medicine , Volume 42 , Issue 6 , 571 - 578 http://www.ajpmonline.org/article/S0749-3797(12)00167-5/pdf

[4] Data USA: Davidson County. https://datausa.io/profile/geo/davidson-county-tn/

[5] Farhang, Lili and Bhatia, Rajiv. Transportation for Health. *Race, Poverty & the Environment.* 2005/2006. https://reimaginerpe.org/files/13.Lili.Farhang.pdf.

[6] Litman, Todd. Evaluating Public Transportation Health Benefits. *Victoria Transport Policy Institute.* November 2016. http://www.vtpi.org/tran_health.pdf.

[7] HEI Panel on the Health Effects of Traffic-Related Air Pollution. 2010. Traffic-Related Air Pollution: A Critical Review of the Literature on Emissions, Exposure, and Health Effects. HEI Special Report 17. *www.healtheffects.org*

[8] Centers for Disease Control and Prevention. CDC Recommendations for Improving Health through Transportation Policy. 2011. https://www.cdc.gov/transportation/docs/final-cdc-transportation-recommendations-4-28-2010.pdf.

[9] Walking to Public Transit: Steps to Help Meet Physical Activity Recommendations. Lilah M. Besser, MSPH, Andrew L. Dannenberg, MD, MPH https://www.cdc.gov/healthyplaces/articles/besser_dannenberg.pdf

[10.] National Association of City and County Health Officers' report *Health in All Policies: Experiences from Local Health Departments.* http://www.naccho.org/programs/community-health/healthy-community-design/health-in-all-policies

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

Resolution

In support of the Prevention Access Campaign's Consensus Statement including its Undetectable = Untransmittable (U=U) message

WHEREAS, Scientific advances have shown that combination antiretroviral therapy (ART) preserves the health of people living with HIV; and

WHEREAS, In addition to some smaller studies conducted since 2000, three larger studies evaluating risk of HIV transmission were conducted between 2007 and 2016, and across these 3 studies involving thousands of couples and many thousand acts of sex without a condom or pre-exposure prophylaxis (PrEP), no HIV transmissions to an HIV-negative partner were observed when the HIV-positive person was virally suppressed [1]; and,

WHEREAS, Persons on ART who have a sustained undetectable viral load (defined as <200 copies/ml for at least six months) have levels of virus that are untransmittable, even if having sex without condoms [2]; and,

WHEREAS, The ``Undetectable = Untransmittable'' (U=U) slogan and Consensus Statement was launched in 2016 by the Prevention Access Campaign to promote this finding; and,

WHEREAS, The U.S. Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention joined the U=U movement by endorsing the science in a ``Dear Colleague'' letter released on September 27, 2017; and,

WHEREAS, In December, 2017, the office of the Mayor of Metropolitan Nashville, the Metro Public Health Department and Nashville community partners committed to Ending the HIV Epidemic in Davidson County; and

WHEREAS, A thorough and shared understanding of current scientific knowledge about HIV and its transmission is a critical element in achieving that end; and,

WHEREAS, The U=U is a simple but profound message that can influence public opinion and cause more people with HIV (and their friends and families) to understand they can live long, healthy lives, have children, and not have to worry about passing on their infection to others through sexual activity [1]; and,

WHEREAS, The clarity of the U=U message makes it easier to promote the undeniable benefits of HIV treatment, which will encourage more people with HIV to seek treatment and bring our community closer to achieving the UNAIDS' 90-90-90 goals by 2020 [4,5]; and,

WHEREAS, The U=U message helps eliminate some of the stigma still faced by many people living with HIV, which can be a barrier to treatment [6]:

NOW, THEREFORE BE IT RESOLVED that the Metropolitan Board of Health of Nashville and Davidson County, on this 12th day of April, 2018:

1) Endorses the Prevention Access Campaign's Consensus Statement including its Undetectable = Untransmittable (U=U) message, and affirms that a person living with HIV who takes combination antiretroviral therapy (ART) daily as prescribed and maintains and undetectable viral load for at least six months and thereafter has effectively no risk of sexually transmitting the virus to an HIV-negative partner;

2) Urges the Metro Health Department and its partners to spread the U=U message broadly and to integrate it in client education, especially to people living with HIV who may not be seeking or accessing antiretroviral treatment, or who are not remaining in treatment, due to stigma, fear, misinformation or other barriers;

3) Supports efforts to provide universal access to treatment and care for all people living with HIV;

4) Encourages interventions that increase retention in HIV care and sustained viral suppression, both as a means to improve the lives of individuals living with HIV and as a highly effective strategy for preventing the spread of HIV in the community;

5) Endorses efforts to remove stigma associated with HIV status or risk.

Carol Etherington, MSN, RN, Chair
Metropolitan Board of Health of Nashville/Davidson County

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[1] "U=U taking off in 2017," Lancet HIV, Vol. 4., No. 11., e475, November, 2017

[2] Consensus Statement, Prevention Access Campaign. Available at: https://www.preventionaccess.org/consensus

[3] Eugene McCray, MD, "Dear Colleague – Information from CDC's Division of HIV/AIDS Prevention," Centers for Disease Control and Prevention, Sept. 27, 2017. Available at: https://www.cdc.gov/hiv/library/dcl/dcl/092717.html

[4] "90-90-90 – An Ambitious treatment target to help end the AIDS epidemic: By 2020, 90 percent of all people living with HIV will know their HIV status. By 2020, 90 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90

percent of all people receiving antiretroviral therapy will have viral suppression." UNAIDS (The Joint United Nations Programme on HIV/AIDS), January 1, 2017. Available at: http://www.unaids.org/en/resources/documents/2017/90-90-90

[5] Their 5th citation is specific to Jefferson County; it would be analogous to the Ending the Epidemic Summit held here in December, I think.

[6] "Activities Combating HIV Stigma and Discrimination," HIV.gov. Available at: https://www.hiv.gov/federal-response/federal-activities-agencies/activities-combating-hiv-stigma-and-discrimination

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

Promote and Support Healthier Living

Breathe Easy

The Tobacco Prevention Program has rolled out the second phase of the smoke-free housing initiative Breathe Easy. The program addresses one of the goals of the Tennessee Tobacco Settlement funding we have been receiving for about five years now, a reduction in second hand smoke exposure. The Breathe Easy campaign was introduced in October 2015 with a brand created under contract with the Bill Hudson Advertising Agency. Hudson also conducted focus groups and surveyed residents of multi-unit housing to show the level of support for smoke-free living. For the second phase we have partnered with DVL/Seigenthaler to develop ads for social media and a commercial for Comcast customers targeted to communities with higher smoking prevalence. In addition, a Power Point has been created for use in discussions with managers/owners of multi-unit housing, and a web landing page that can be formatted to be specific to that property. The goal of this partnership is to increase the number of smoke-free properties and decrease the incidence of secondhand smoke exposure among children, as measured by asthma-related ER visits among children up to four years of age.

Create Healthier Community Environments

Vehicle Emissions Testing

Earlier this week the Legislature was close to passage of a bill that would eliminate vehicle emissions testing programs everywhere in the state except Davidson County, provided the Metro Council acts to keep the program within 30 days of the passage of the bill. We will encourage the Council to do so; a resolution stating the council's support has been prepared and will be filed at the earliest opportunity when and if the state law passes.

Suicide Prevention Training

The Suicide Prevention and the African American Faith Community Coalition (SPAAFCC) raises awareness around suicide prevention and Adverse Childhood Experiences (ACEs) in faith communities with presentations and resources. Last month SPAAFCC teamed up with the Interdenominational Ministers Fellowship's Health Committee to train 11 local pastors and faith leaders. Nichelle Foster and Simone Sibley with the Behavioral Health and Wellness Division co-presented this training. From that presentation, attendees signed up to have presentations at their specific faith communities. As a part of the systems change approach, SPAAFCC is working to build more trauma informed faith communities throughout Nashville.

Prevent and Control Epidemics and Respond to Public Health Emergencies

Opioids

The PHEP Program has been approved by the state health department to use $50,000 in FY19 Emergency Preparedness grant funds in an effort to establish real-time opioid overdose tracking in Davidson County. The Tennessee Poison Control Center (TPC) will be the lead agency for tracking daily suspected overdoses. Davidson County emergency department personnel (at 10 hospitals) will call in suspected ODs to TPC, using the protocols established for reporting suspected poisonings. TPC will track these daily reports in a REDCap database available for MPHD to view at any time. Additionally, TPC will notify MPHD when a suspected OD outbreak is occurring. MPHD can then investigate and initiate the

Mass Overdose Event Emergency Response Plan, if necessary. The funding has been approved as a pilot project for one year and will be evaluated before the start of FY20.

Opioids II

Since we began accepting used needles about two months ago from Street Works, the local Syringe Exchange Program operator in Davidson County, they have dropped off 25 two-gallon containers. We track these numbers closely for several reasons, among them to get a sense for how many needles are out there. It is too early to say what the baseline looks like; our belief is there was a substantial supply in reserve when the program started that would skew the early numbers. We're also working to align the overdose data we collect form the Fire Department's Emergency Medical Services to help map areas of highest intensity for Street Works' information and targeting. Five of our staff will attend HIV Harm Reduction navigator training from the state next week, and yesterday and today we attended the state's "TN Together: Community Solutions to End the Opioid Epidemic" conference in Franklin.

Stop the Bleed

We were approached by the Mayor's office some weeks ago about leading a "Stop the Bleed'' campaign for Metro. ``Stop the Bleed'' is an initiative started several years ago by the Department of Homeland Security to educate and train as many people as possible (`a la CPR or the Heimlich maneuver) on how to stop the bleeding if someone is wounded. This campaign focuses on active shooter events with the idea that if someone can put pressure or a tourniquet on a wound in those vital moments before first responders arrive, then lives can be saved. The national link is here: https://www.dhs.gov/stopthebleed

Vanderbilt Medical Center is leading the training in our area. PHEP has purchased 300 kits for $10,000 to be placed in all MPHD locations (one per floor), all Metro schools and all other Metro buildings that see a lot of public traffic. Once the kits are received we will make training available to all MPHD staff.

Increase Access and Connection to Clinical Care

Groundbreaking for Crisis Treatment Center

On March 12, the Mental Health Cooperative broke ground on a new Crisis Treatment Center. Mayor Briley, Dr. Paul and Sheriff Daron Hall, were honored guests, as was Commissioner Marie Williams of the Tennessee Department of Mental Health and Substance Abuse Services. The Mental Health Cooperative, through a public-private partnership between public health, criminal justice, behavioral health providers and advocates, was able to secure $2.6 million from TDMHSAS to build a new 20-bed facility. This new Crisis Treatment Center is a part of a larger local initiative that aims to divert individuals in psychiatric crisis from jails and ERs. A Public Investment Plan (PIP) funded by Metro Government was used as a match that helped secure the state funding.

The PIP has three main goals:

- **Transform the drop-off process.** Creating a secure drop-off location, along with an additional safe room space for patients in immediate danger. The goal is for police to be able to drop off patients in 10 minutes.
- **Expand 24/7 medical services at MHCTC**. Having more medical staff available will allow MHCTC to avoid costly transfers to the emergency room.
- **Promote public awareness**. A marketing campaign will inform the Metro Nashville Police Department, Emergency Departments, and the general public of MHCTC's expanded capacity, as well as providing details to all TennCare Managed Care Organizations.

Organizational Updates

Public Heath Week

Public Health Week was last week. The staff of volunteer planners did an outstanding job of both reaching out in the community _ to youngsters at park community centers and students at local colleges and universities _ and to each other, with events at each MPHD site. My sincere thanks to all the volunteers and participants. The week culminated on Friday with a speech here by Mayor Briley, which we very much appreciate him taking the time to do, and a panel discussion among some of our ``systems change'' catalysts. It's always invigorating to see the passion the staff here brings to our mission.

Pay Raises and Grants

The board had asked about the implications of pay raises approved by Metro for positions funded by grants that do not increase. Our position has been, and remains, that all MPHD employees be treated the same with regard to raises. This can create a squeeze for grant-funded positions when the grant amount remains static. Metro Finance is aware of this issue. To date our best option has been to manage our way around it, primarily through routine staff turnover. The big unknown at this point is whether Mayor Briley will adopt the proposal made last year by Marry Barry to provide raises (step increases or merit increases, depending upon pay grade) and cost-of-living-adjustments of 3 percent each. We won't know that until later this month when Mayor Briley releases his budget proposal.

The pay plans approved last summer countenanced raises of 3 percent and 3 percent for the next two fiscal years, but the increases were contingent upon the funding available during the annual budget process.

For us, raises of this size would mean increases in grant-funding positions of approximately $692,737. Roughly a quarter of that ($177,000) is in the school nursing program funded largely through an MOU between us and the school system, which includes a provision automatically increasing the size of the grant by the amount of any Metro benefit increases. That would leave a little more than $500,000 we would have to absorb in some fashion.

It is our intention to cover that through reduction in discretionary costs and turnover. For context, during the past year 36 employees have resigned from grant funded positions. Employees are typically hired at the first step, which is often at a lower level than the employee they are replacing. We estimate a quarter of the grants can absorb the increases through vacancy and turnover. The rest will be absorbed through reductions in discretionary spending such as supplies and travel.

Equity

Health equity lunch-and-learns for staff began in January. Topics include community engagement, income inequity and racial inequity. The initial series concludes this month. MPHD's Health Equity Assessment Team is doing an organizational equity assessment (BARHII) focused on how equity is incorporated in our policies, policies, procedures and practices, as well as learning about overall staff knowledge. The team is reviewing HR policies to see where equity is promoted and where it is lacking. Other facets of the assessment include an all-staff survey and management/supervisor focus groups in the future. Our Health Equity Committee is meeting with staff throughout the department to discuss a proposed MPHD Health Equity Framework. The goal is to find out how we are creating equity in our work now, and where our programs fit on the framework. The Health Equity Committee is also in the process drafting an Equity Policy.

Accreditation

As you know our march towards accreditation continues. As of last week, 72 percent of the required documentation for all Public Health Accreditation Board Standards & Measures had been selected by 11 domain workgroups, the Quality Improvement Council and the Performance Management System workgroup. The internal deadline for completion of documentation selection is August 15. The Quality Management Team has begun review for document completeness and conformity in two additional domains.

Performance Management

The Performance Management Systems workgroup is developing a revised system, part of required documentation needed for accreditation. The workgroup created the PMS process, decided on a framework, and complete five priority-area consensus workshops for goal development and strategy selection. The group will pilot two of the five priority health areas (Priority Area 3: Healthy Natural & Built Environments; and Priority Area 4: Communicable Disease & Emergency Preparedness) between now and June. Implementation of the other priority areas are scheduled as follows:

- Priority Area 5: Access & Connection to Care starting July 2018
- Priority Area 2: Healthier, Longer Lives starting August 2018
- Priority Area 1: Healthy Mothers, Children, & Families starting September 2018

The workgroup plans to evaluate pilot implementation late July.

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.

NATIONAL FEDERATION OF HUMANE SOCIETIES

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: 03/01/2018)**	73	1	25	5	104
	Intake					
B	Stray/At Large	240	19	36	15	310
C	Relinquished by Owner	59	11	31	1	102
D	Owner Requested Euthanasia	19	0	1	0	20
E	Transferred in from Agency	1	0	0	0	1
F	Other Intakes	8	5	0	0	13
G	**TOTAL INTAKE**	327	35	68	16	446
	Outcomes					
H	Adoption	110	21	23	3	157
I	Returned to Owner	114	1	4	0	119
J	Transferred to another Agency	53	6	31	8	98
K	Other Live Outcome	0	0	0	0	0
L	**TOTAL LIVE OUTCOMES**	277	28	58	11	374
M	Died in Care	0	0	1	0	1
N	Lost in Care (Physical Inventory Adjustments)	0	0	0	0	0
O	Shelter Euthanasia	42	0	11	3	56
P	Owner Requested Euthanasia	19	0	4	0	23
R	**TOTAL OUTCOMES**	338	28	74	14	454
Q	**Ending Shelter Count (date: 2/28/2018)**	67	6	23	3	99
SAVE RATE:		**86.36%**	**100.00%**	**81.25%**	**81.25%**	**86.52%**

METRO ANIMAL CARE AND CONTROL

Trailing 12 Month – Data Report

			Trailing 12 Month Average
		March 2018	Ending Feb. 28, 2018
A	Intake Total	475	600
B	Stray	316	348
C	Owner Surrender	107	189
D	Owner Req. Euthanasia	23	71
E	Wildlife	15	13
F	Other	13	21
G	Adopted	164	222
H	Transfer	112	153
I	RTO	120	104
J	ORE Euthanized	23	33
K	Wildlife Euthanized	2	7
L	Euthanasia Total	85	110
M	Euthanasia %	13%	12%

Data Report Key
Intakes
Outcomes

Current Policy:

4.3 RELATIONSHIP OF PERFORMANCE EVALUATION TO PAY INCREASES AND PROMOTIONS

Performance evaluations will be conducted on all employees on an annual basis. To be eligible for an open range (OR and HD grades) increase in conjunction with a performance evaluation, an employee must have been hired by August 1st of the previous year. In cases where the Metro Budget or ordinance specifies a conflicting hire by date, the Metro Budget or ordinance prevails. The annual evaluation shall be used in such a way as to determine whether the employee has qualified himself/herself for a pay increase as provided by the pay plan, available funds, and Director. The pay plan may provide for pay increases to high-performing employees and/or for employees who meet departmental expectations.

Pay increases will be granted only upon completion of a performance evaluation that is rated "Meets Expectations" (or the equivalent) or better. Employees whose overall performance score is below "Meets Expectations" (or equivalent) will not receive a pay increase. Employees with a score of "Does Not Meet Expectations" (or equivalent) will be placed on a Performance Improvement Plan (PIP) unless a PIP, reprimand, or disciplinary action addressing the conduct already occurred during the year under review. Employees on a PIP will be reevaluated within three (3) months of the evaluation date. If by the time of reevaluation the employee's performance has not improved to a satisfactory level, the supervisor and Bureau Director will assess the performance issues and submit a request for disciplinary action, if warranted.

In order to qualify for a promotion, an employee's previous evaluations must reflect a level of past performance which has been rated "Meets Expectations" (or equivalent) or better for the past twenty-four (24) months. If the employee has been employed for less than twenty-four (24) months, all previous evaluations must reflect "Meets Expectations" or better performance.

Recommended New Policy:

4.3 RELATIONSHIP OF PERFORMANCE EVALUATION TO PAY INCREASES AND PROMOTIONS

Performance evaluations will be conducted on all employees on an annual basis. The annual evaluation shall be used in such a way as to determine whether the employee has qualified himself/herself for a pay increase as provided by the pay plan, available funds, and Director. The pay plan may provide for pay increases to high-performing employees and/or for employees who meet departmental expectations.

Employees in the step (ST) pay grades will have their increment date established based on their hire date. For employees on the Step pay scale, evaluations will be

completed at least sixty (60) but no more than ninety (90) days prior to the employee's date of next expected increment.

To be eligible for an open range (OR and HD grades) increase in conjunction with a performance evaluation, an employee must have been hired by August 1st of the previous year. In cases where the Metro Budget or ordinance specifies a conflicting hire by date, the Metro Budget or ordinance prevails.

Pay increases will be granted only upon completion of a performance evaluation that is rated "Meets Expectations" (or the equivalent) or better. Employees whose overall performance score is below "Meets Expectations" (or equivalent) will not receive a pay increase. Employees with a score of "Does Not Meet Expectations" (or equivalent) will be placed on a Performance Improvement Plan (PIP) unless a PIP, reprimand, or disciplinary action addressing the conduct already occurred during the year under review. Employees on a PIP will be reevaluated within three (3) months of the evaluation date. If by the time of reevaluation the employee's performance has not improved to a satisfactory level, the supervisor and Bureau Director will assess the performance issues and submit a request for disciplinary action, if warranted.

In order to qualify for a promotion, an employee's previous evaluations must reflect a level of past performance which has been rated "Meets Expectations" (or equivalent) or better for the past twenty-four (24) months. If the employee has been employed for fewer than twenty-four (24) months, all previous evaluations must reflect "Meets Expectations" or better performance.

Key Change: Adds specific language related to employees in step (ST) pay grades, establishing increment dates as well as specifying the timeframe in which supervisors are to complete performance evaluations on those employees.

2018 Proposed Lay Off List
as of 04-12-18
Presented for Approval by MNPD Board of Health
April 12, 2018 Meeting

Name / Continuous Service Date	Classification / Salary Grade Program	Lay-off Date	2 year Recall Ends	Status
Lollis, Mark **10-04-2005**	**Program Specialist 2** Chronic Disease Management	06/14/18	06/14/20	Chronic Disease Management and School Health Promotion Grant terminates effective 6/30/18

Previously listed as Public Health Nurse 3 / HD 03