

Metropolitan Board of Health of Nashville and Davidson County May 10, 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 4:05 p.m. in the Board Room, on the third floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville TN 37209.

Present

Carol Etherington, RN, MSN, Chair
Francisca Guzmán, Vice Chair
Thomas Campbell, M.D., Member
Margreete Johnston, M.D., MPH, Member
William S. Paul, M.D., MPH, FACP, Director of Health
Sanmi Areola, PhD, Deputy Director
Angela S. Williams, MPH, Accreditation and Quality Improvement Coordinator
Jim Diamond, MBA, Assistant Director, Administration and Finance Bureau
Dianne Harden, Director, Financial Management
Les Bowron, Director, Human Resources
Quan Poole, JD, Metropolitan Department of Law
Carly Elliott, Esq., Metropolitan Department of Law

BOARD OF HEALTH

Accreditation Update

Angela Williams presented an update on the Department's Public Health Accreditation process (Attachment I).

Opioid Update

Shoana Anderson presented an update on the Opioid Response Program (Attachment II).

Approval of Grant Applications

There were no grant applications presented.

Approval of Grants and Contracts

Dianne Harden presented four items for approval:

- 1. March of Dimes – One Key Question**
Term: May 1, 2018-March 31, 2019
Amount: \$25,000
- 2. Air Pollution 103, Notice of Award #4**
Term: April 1, 2015-March 31, 2020
Amount: \$50,952
- 3. Air Pollution 105, Notice of Award #A**
Term: May 1, 2018-April 30, 2019
Amount: \$52,917
- 4. Food Safety Services (Environmental Health Specialist)**
Term: October 1, 2018-September 30, 2019
Amount: \$98,500

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

Approval of the April 12, 2018 Regular Meeting Minutes

Dr. Campbell made a motion to approve the minutes of the April 12, 2018 Board of Health regular meeting as written. Dr. Johnston seconded the motion, which passed unanimously.

Approval of the April 16, 2018 Work Session Minutes

Dr. Campbell made a motion to approve the minutes of the April 16, 2018 Board of Health work session as written. 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 III).

Report of the Chair

Chair Etherington made note that Board members were invited to attend an Interactive Session with the department's Executive Leadership Team and various other managers on Friday, May 11.

Review of Board Requests

There were no requests.

CIVIL SERVICE BOARD

Initial Order

Carly Elliott presented the Initial Order as issued by the Administrative Law Judge in the matter of Justin Gatebuke.

Dr. Campbell made a motion to affirm the Initial Order issued by the Administrative Law Judge in the matter of Justin Gatebuke. Dr. Johnston seconded the motion, which passed unanimously.

Modification to Pay Plan Fiscal Year 2019

Les Bowron presented the proposed modification to the Pay Plan for Fiscal Year 2019 (Attachment IV) and asked the Board to authorize Chair Etherington to sign the Pay Plan subsequent to the Metro Civil Service Board's anticipated approval of the modification at the Metro Civil Service Board meeting on May 30, 2018.

Dr. Johnston made a motion to authorize Chair Etherington to sign the finalized Pay Plan for Fiscal Year 2019 pending the Metro Civil Service Board's approval of the proposed modification on May 30, 2018. Dr. Campbell seconded the motion, which passed unanimously.

Personnel Changes

Les Bowron presented the personnel changes, which were unremarkable.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Wednesday, June 13, 2018, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 5:20 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN
Chair

Public Health Accreditation

Angela S. Williams, MPH
Accreditation and Quality Improvement Coordinator

May 10, 2018



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What is Public Health Accreditation?



- The measurement of health department performance against a set of nationally recognized, practice-focused and evidence-based standards.
- The issuance of recognition of achievement.
- Guides the continual development, revision, and distribution of public health standards.

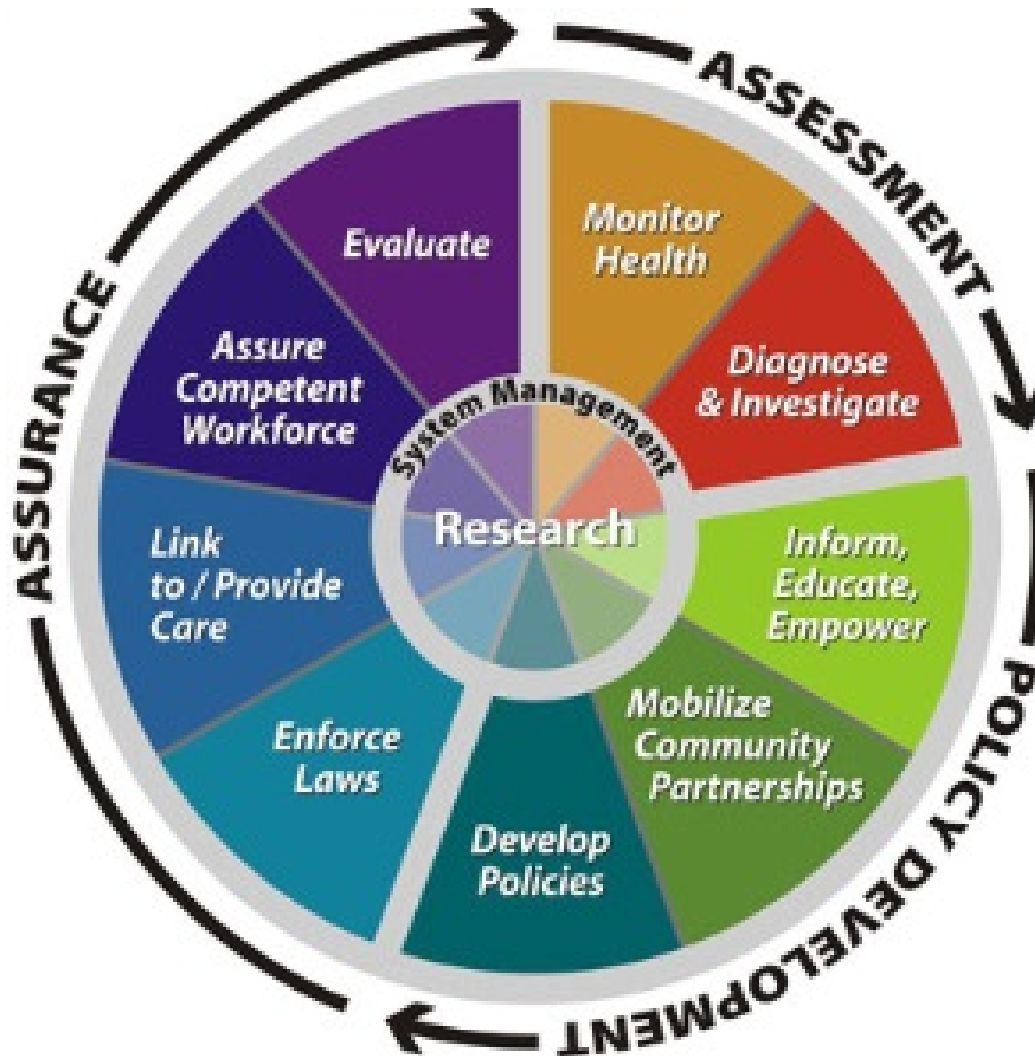


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Public Health Accreditation Board Domains



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Benefits of Public Health Accreditation

- ★ 96% of accredited health departments said accreditation
 - Stimulated QI and performance improvement opportunities
 - Improved management processes used by leadership
 - Stimulated greater accountability and transparency
 - Helps departments identify strengths and weaknesses



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Steps of Public Health Accreditation

Pre-Application

MPHD reviews Standards and Measures of PHAB, completes orientation, and informs PHAB of intent to apply.

STEP
01




STEP
02

Application

MPHD has submitted the application and fee. This formally notifies PHAB we are ready to begin the accreditation process.



Documentation & Submission

Where we are now! 
Here, departments within specific domains share documents that explain the domain, click the photo to the right to understand more

STEP
03



Site Visit

PHAB-trained site reviewers visit the Metro, and create a site report

STEP
04



STEP
05

Accreditation Decision

PHAB Accreditation Committee reviews the site visit report and decides on accreditation for MPHD

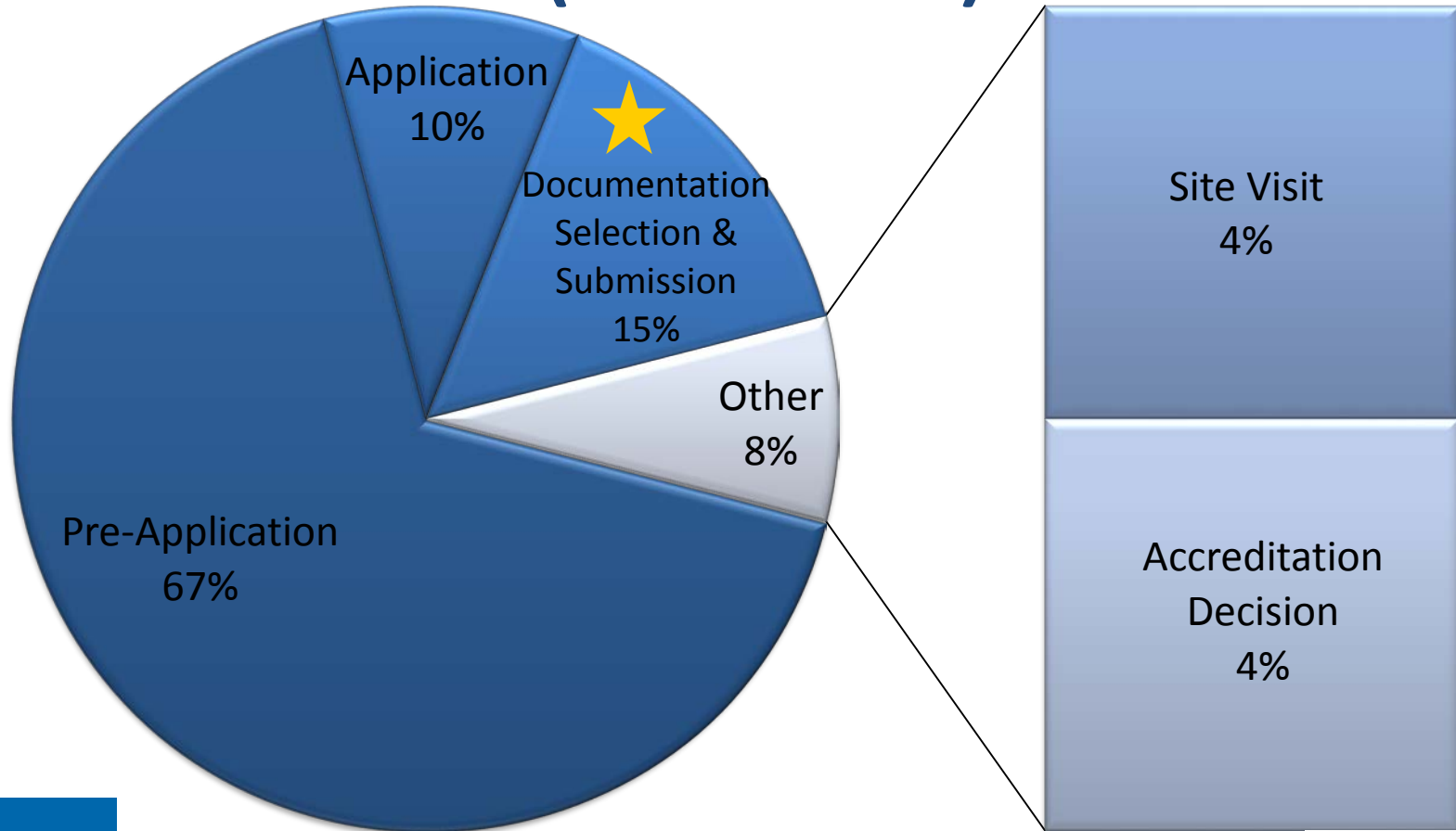


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MPHD Accreditation Process Time (2013-2019)



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Documentation Selection: Alignment Example

Standard 5.3: Develop and implement a health department organizational strategic plan.

MEASURE	PURPOSE	SIGNIFICANCE
Measure 5.3.2 A Adopted department strategic plan	The purpose of this measure is to assess the health department's completion and adoption of a department strategic plan.	A strategic plan defines and determines the health department's roles, priorities, and direction over three to five years. A strategic plan sets forth what the department plans to achieve as an organization, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions and allocating resources to pursue its strategies and priorities.

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
1. Health department strategic plan that includes:	<p>1. The health department must provide a strategic plan.</p> <p>If the health department is part of a super health agency or umbrella agency (see PHAB Acronyms and Glossary of Terms), the health department's strategic plan may be part of a larger organizational plan. If that is the case, the plan must include a section that addresses the health department and includes the required elements of the plan specific to the health department. Submitted documentation should include only the section(s) of the larger plan that addresses the health department and not the entire plan. If the plan of the super health agency or umbrella agency does not include the required elements for the health department, then the health department must document that it has conducted an internal health department planning process and adopted a health department specific strategic plan.</p> <p>Some health departments may have shorter planning timeframes and, for example, may produce a strategic plan every three years. Some of the goals in the plan may be for a longer time period than five years, but the plan must have been produced or revised within the last five years.</p> <p>There is no required or suggested format for the strategic plan. There is no required or suggested length of the strategic plan.</p> <p>The health department may call the plan something other than a "strategic plan," but it must include the items listed in a through g.</p>	1 strategic plan	5 years

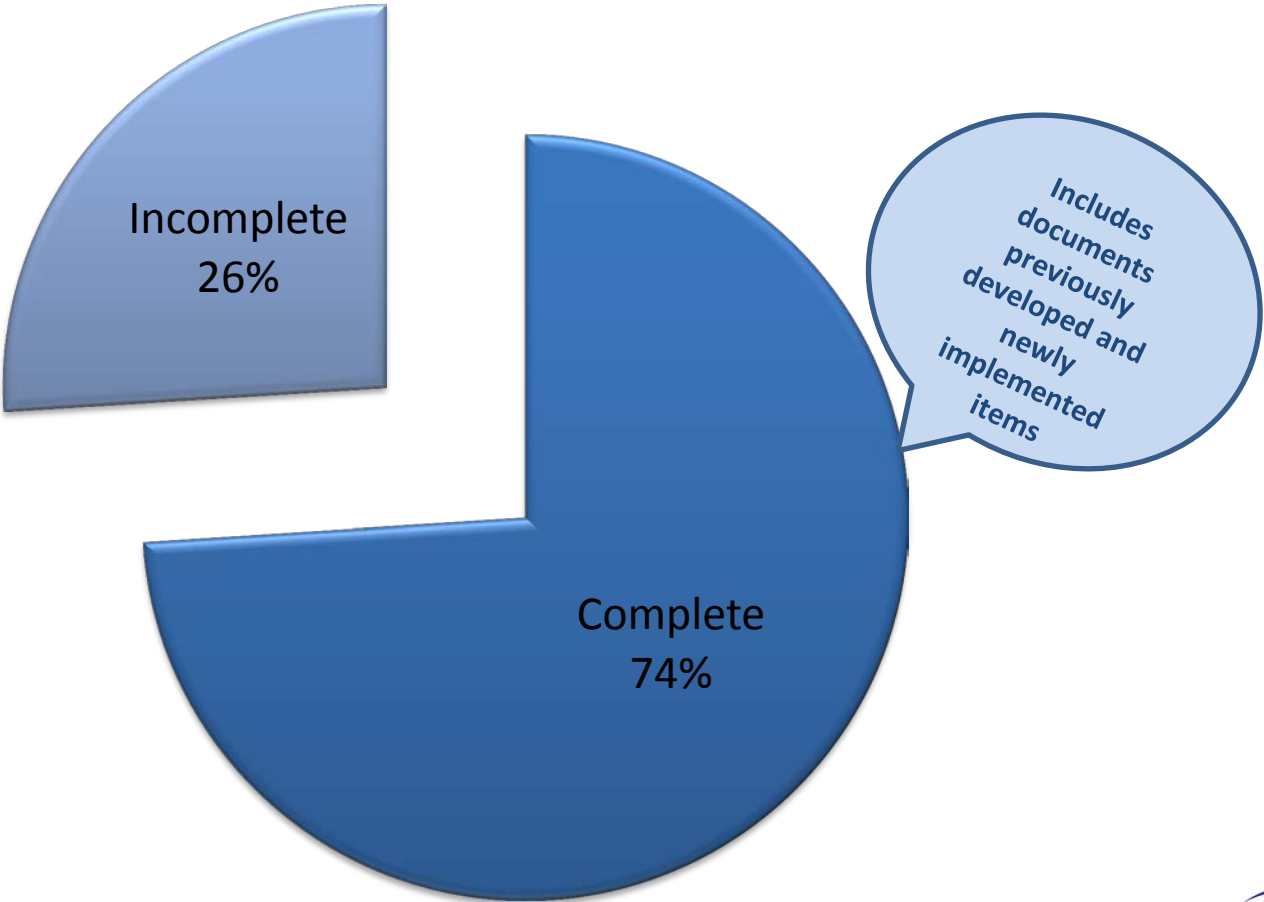


Advancing public health performance



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Documentation Selection Completion

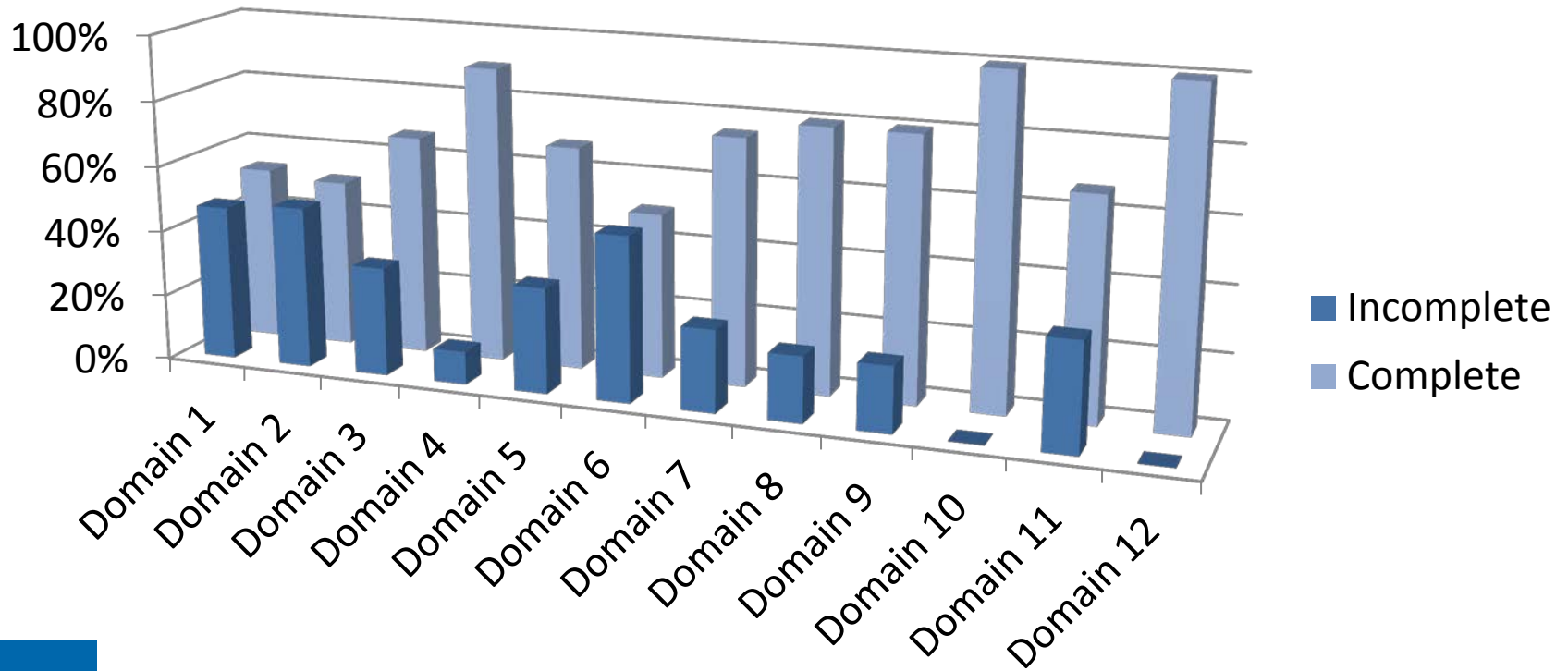


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Documentation Selection Completion

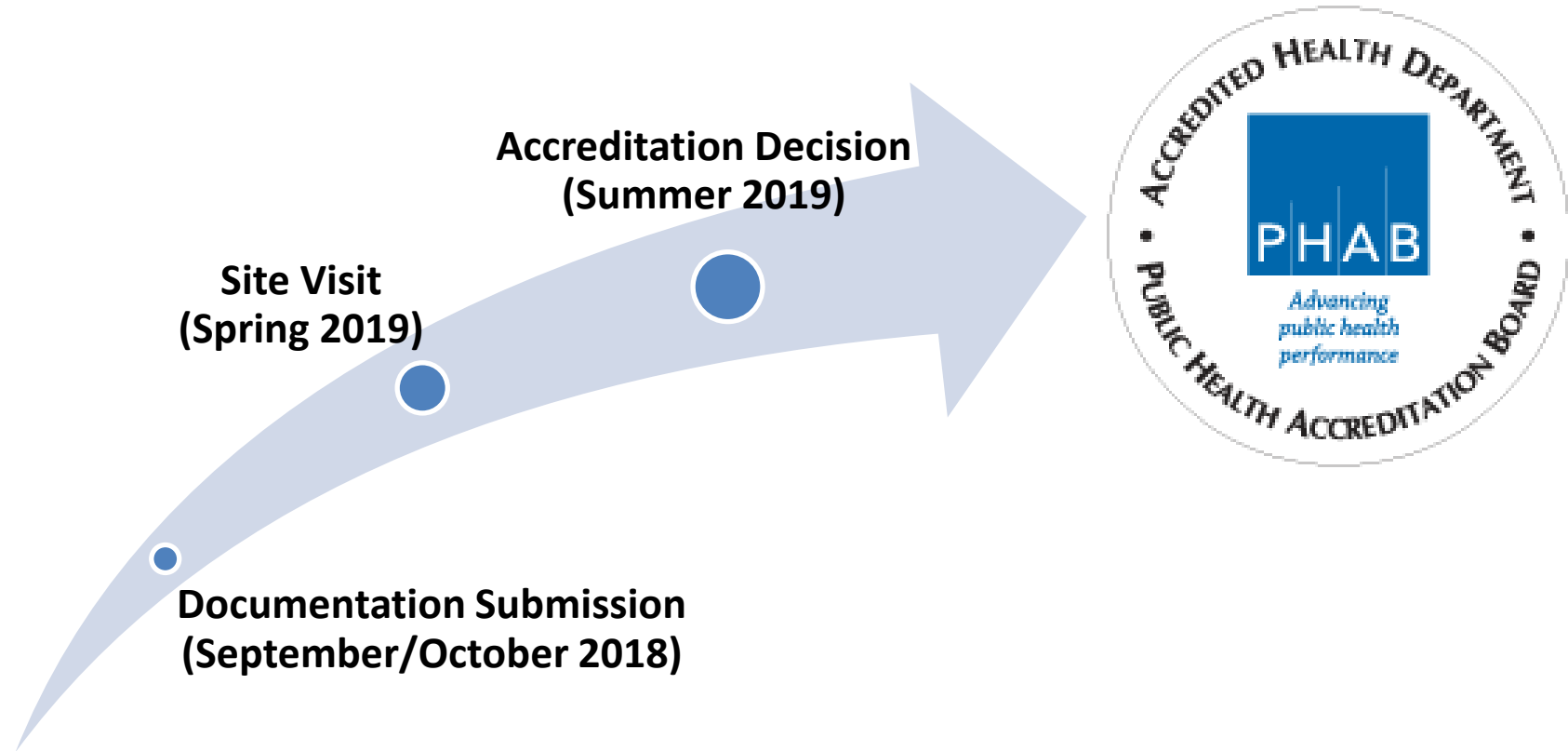


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Next Steps & Activity Timeline



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Next Steps & Activity Timeline

Documentation Selection & Submission

- Selection Deadline (August 2018)
- Review Deadline (October 2018)
- Submission Deadline (October/November 2018)

Site Visit Preparation

- Stakeholder Participation Planning (Begin August 2018)
- Staff Interview Preparation (October 2018)
- Logistics (Begin October 2018)

Accreditation Decision

- Set policies and procedures to establish continuity

Questions?

Thank you!

Angela.Williams@nashville.gov

Accreditation and Quality Improvement Coordinator



Metro Public Health Dept

Nashville / Davidson County

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Attachment II

MPHD OPIOID UPDATE

Board of Health Meeting - May 10, 2018



Opioid Response Program

Funding: 1 FTE (Trevor Henderson – hired September 2017)

Priority Areas:

- Data and Surveillance
- Expanded Partnerships and Community Response
- Harm Reduction
- Overdose Response Planning

CURRENT DATA AND SURVEILLANCE

Current Data/Surveillance

Deaths:

- Monthly review of medical examiner data

Emergency Departments:

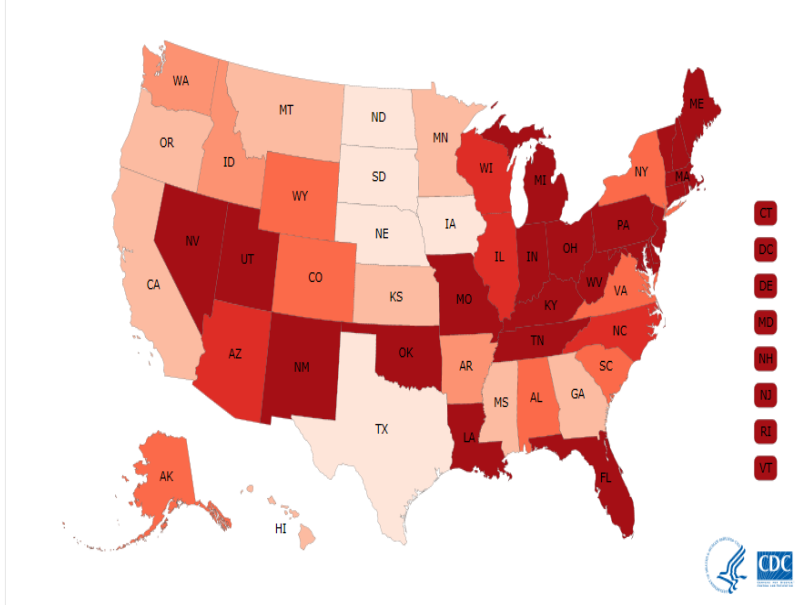
- Near real-time surveillance of selected hospitals
- Monitored daily for changes
 - Dependent on information coded in chief complaint

Fire EMS Data:

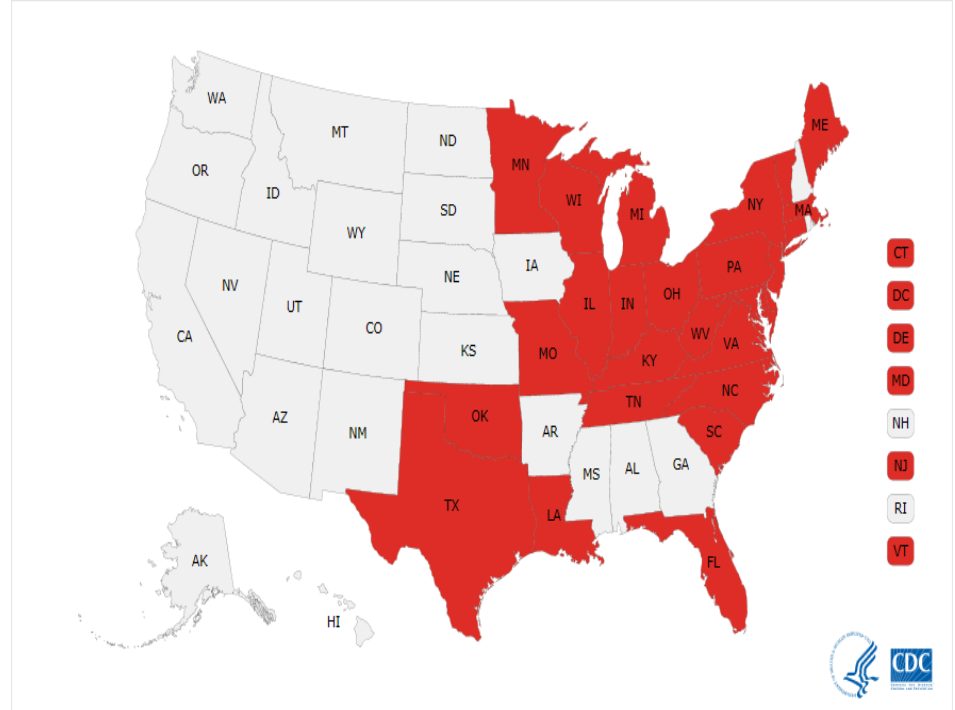
- Fire response data for calls where overdose is suspected

Overdose Data in the US

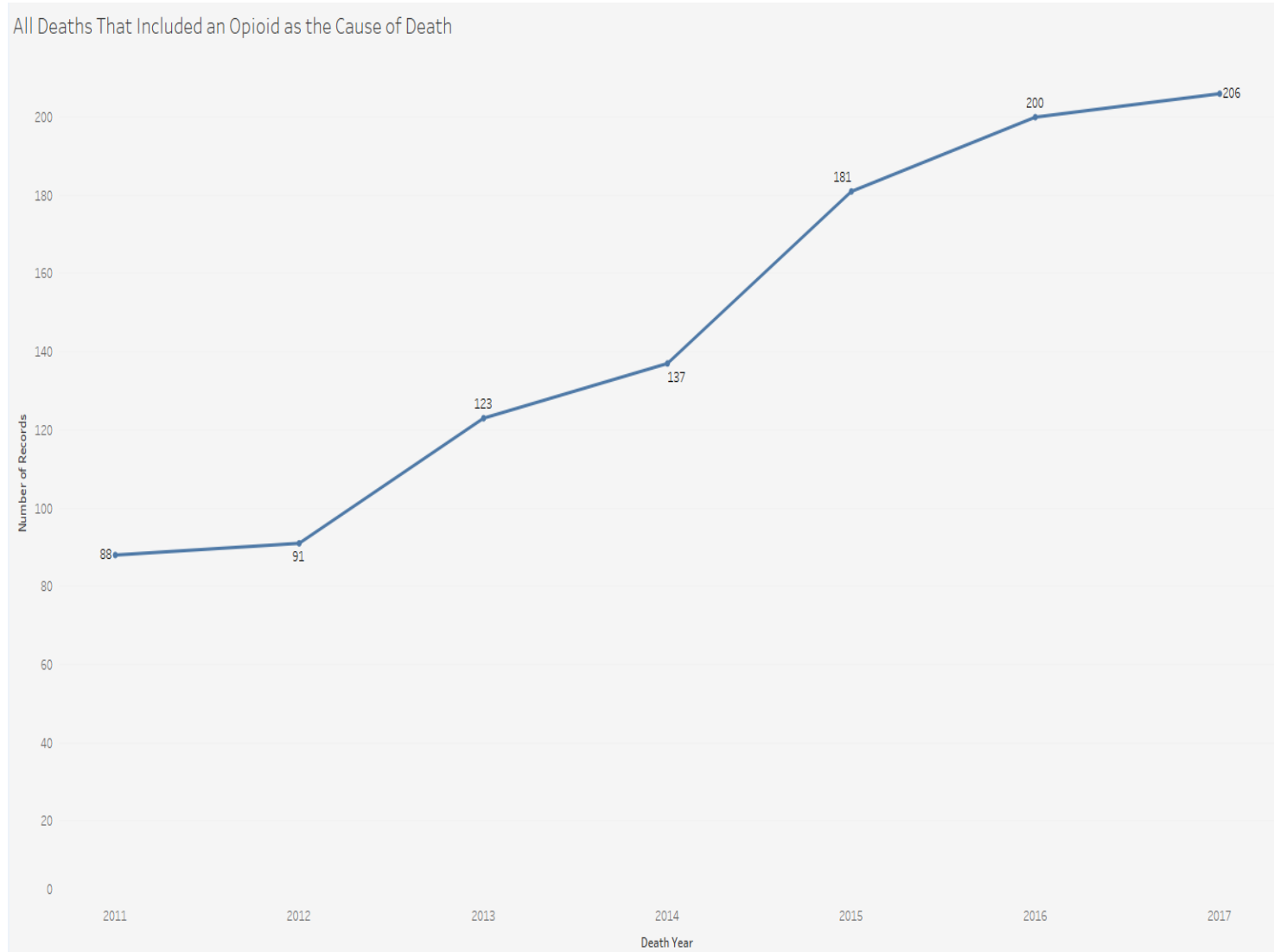
Number and age-adjusted rates of drug overdose deaths by state, US 2016



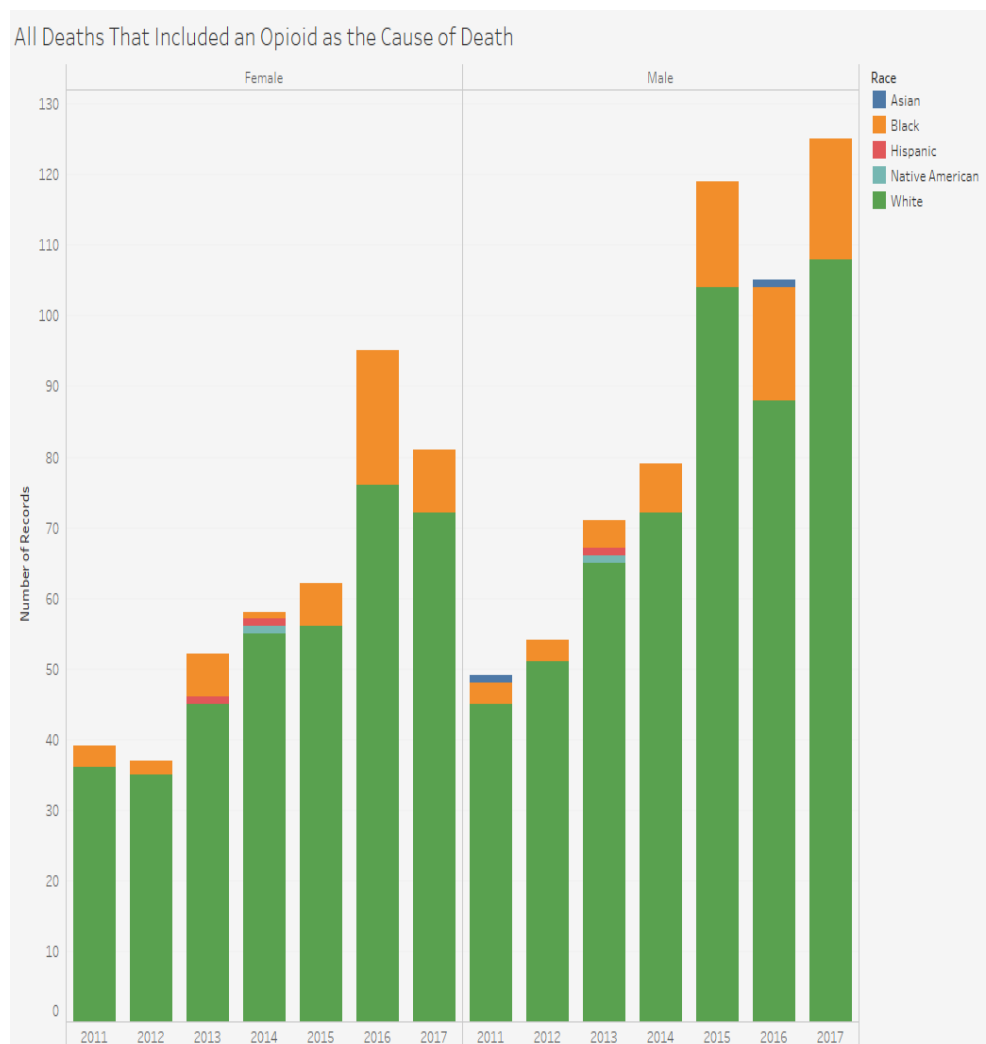
Statistically significant drug overdose death rate increase from 2015 to 2016, US states



Opioid Overdose Deaths in Davidson County

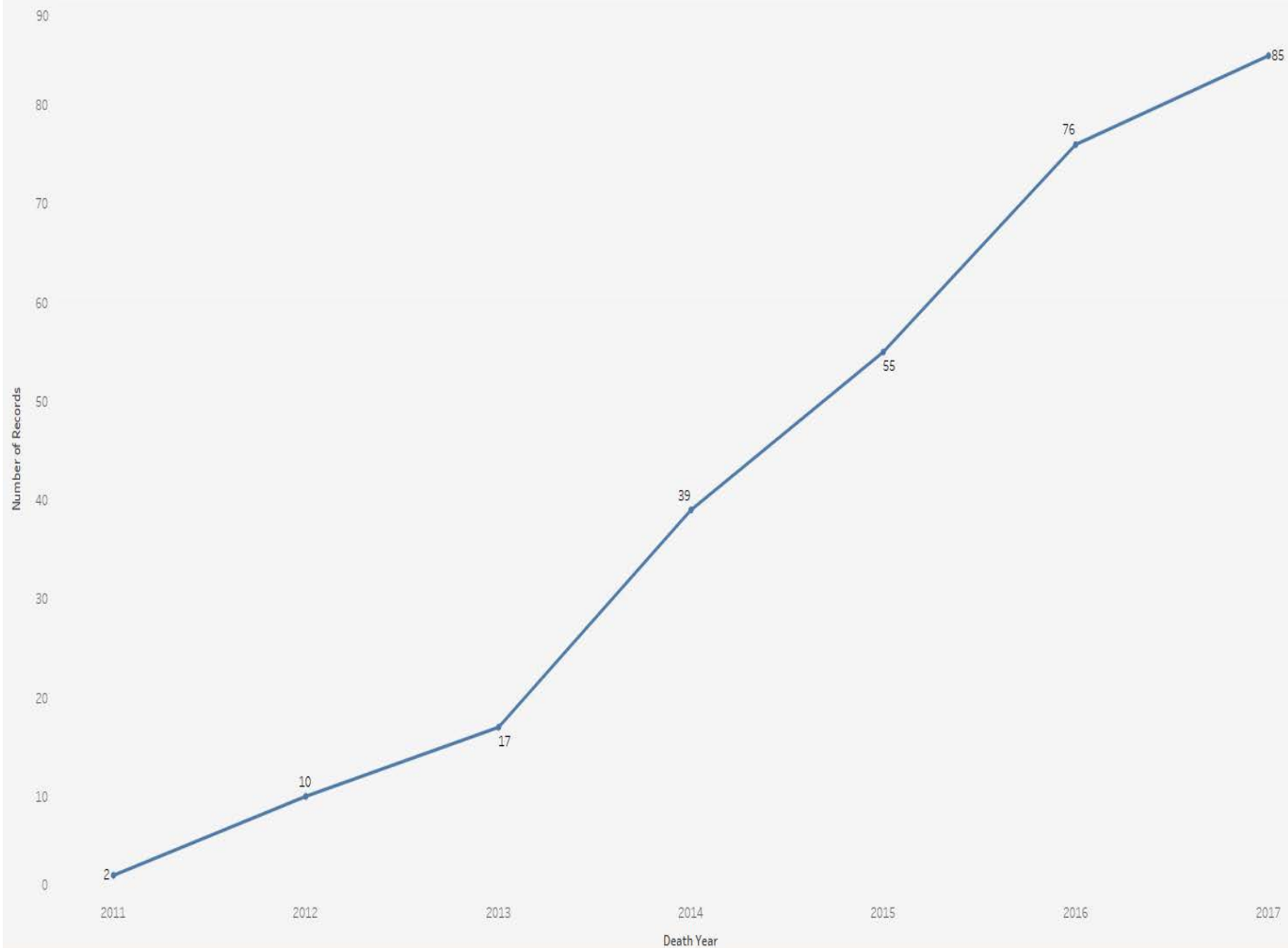


Demographics of Opioid Overdoses



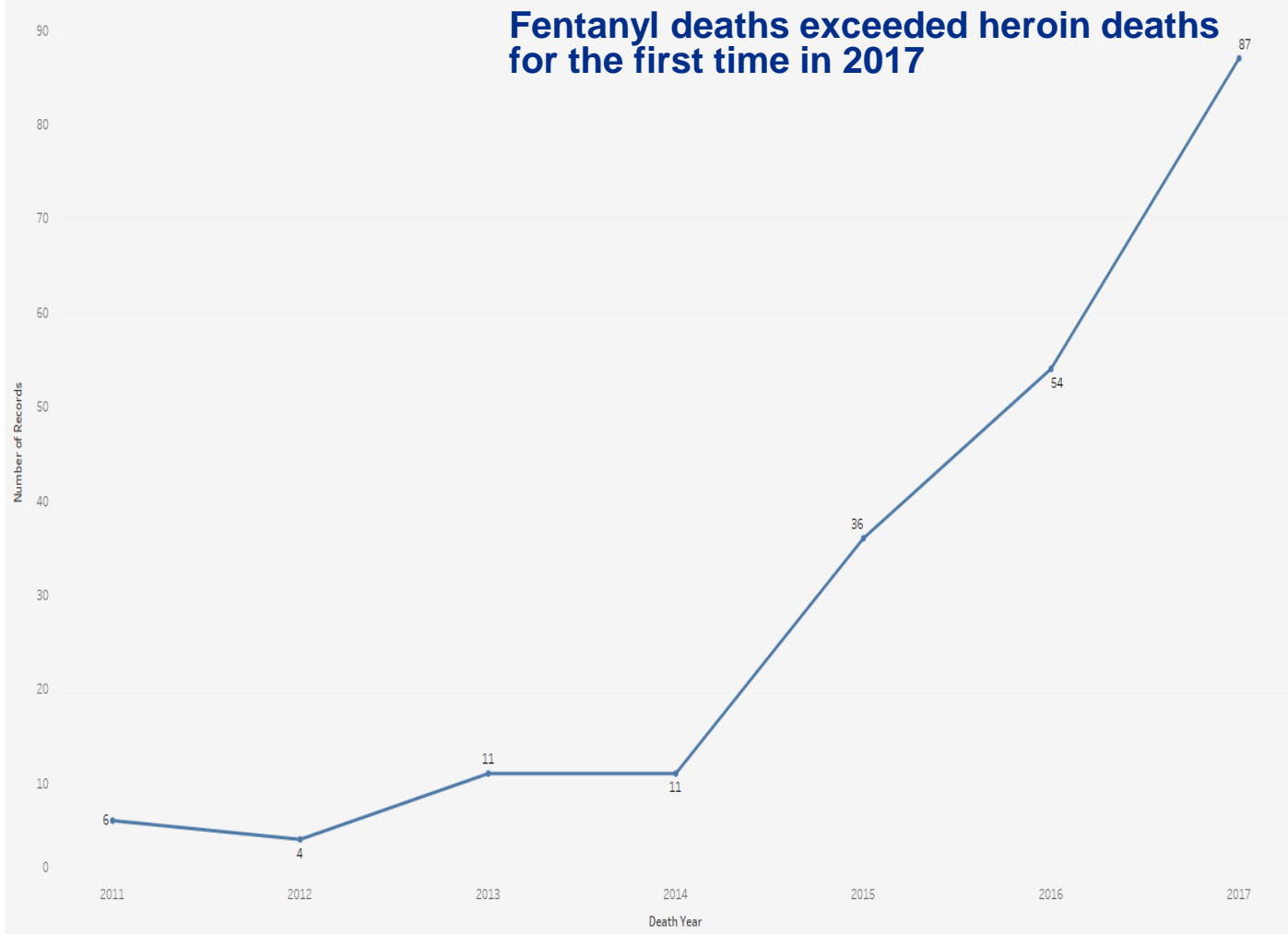
Concerning Trends – Heroin

All Deaths that Included Heroin



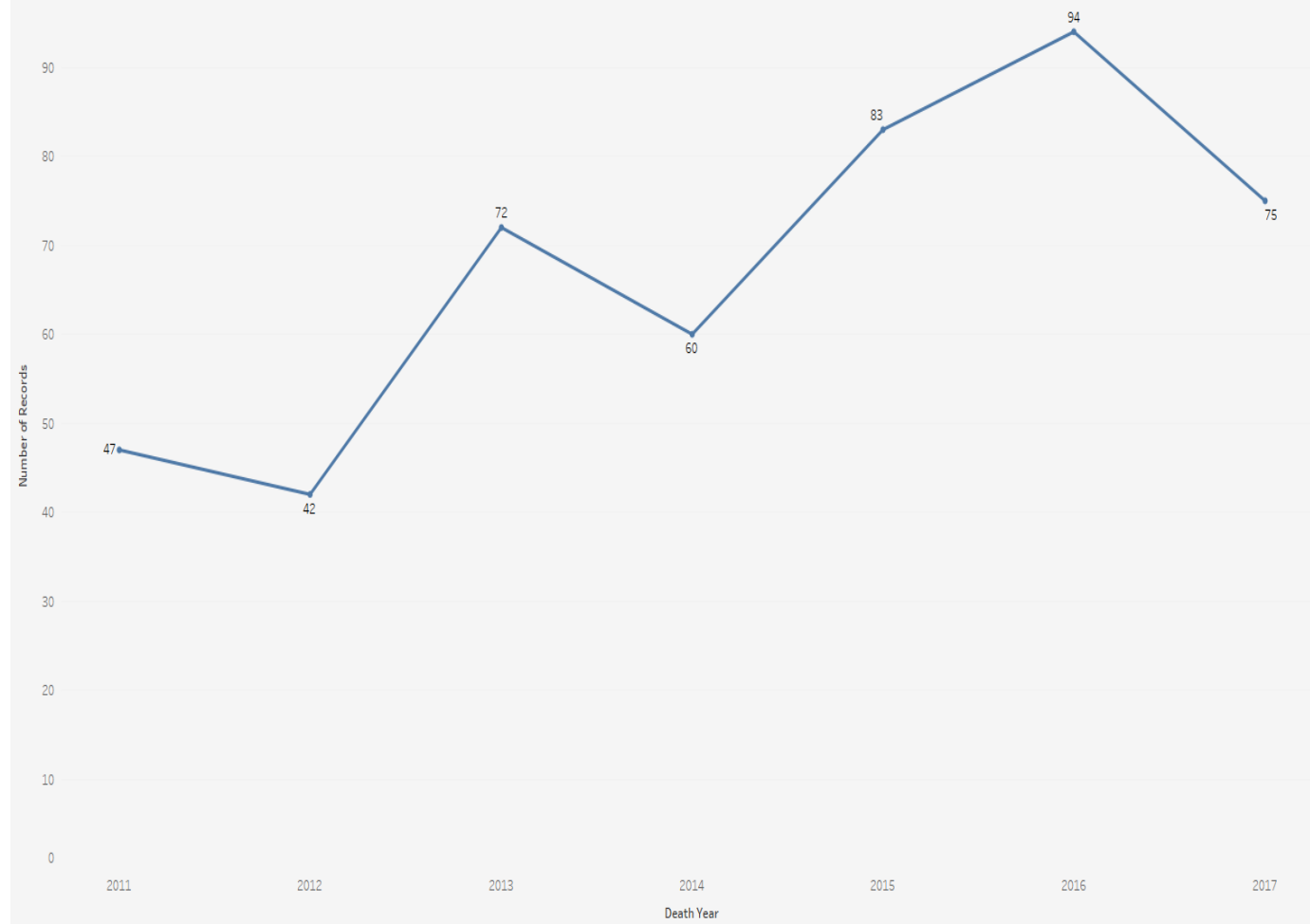
Concerning Trends - Fentanyl

All Deaths That Included Fentanyl as the Cause of Death



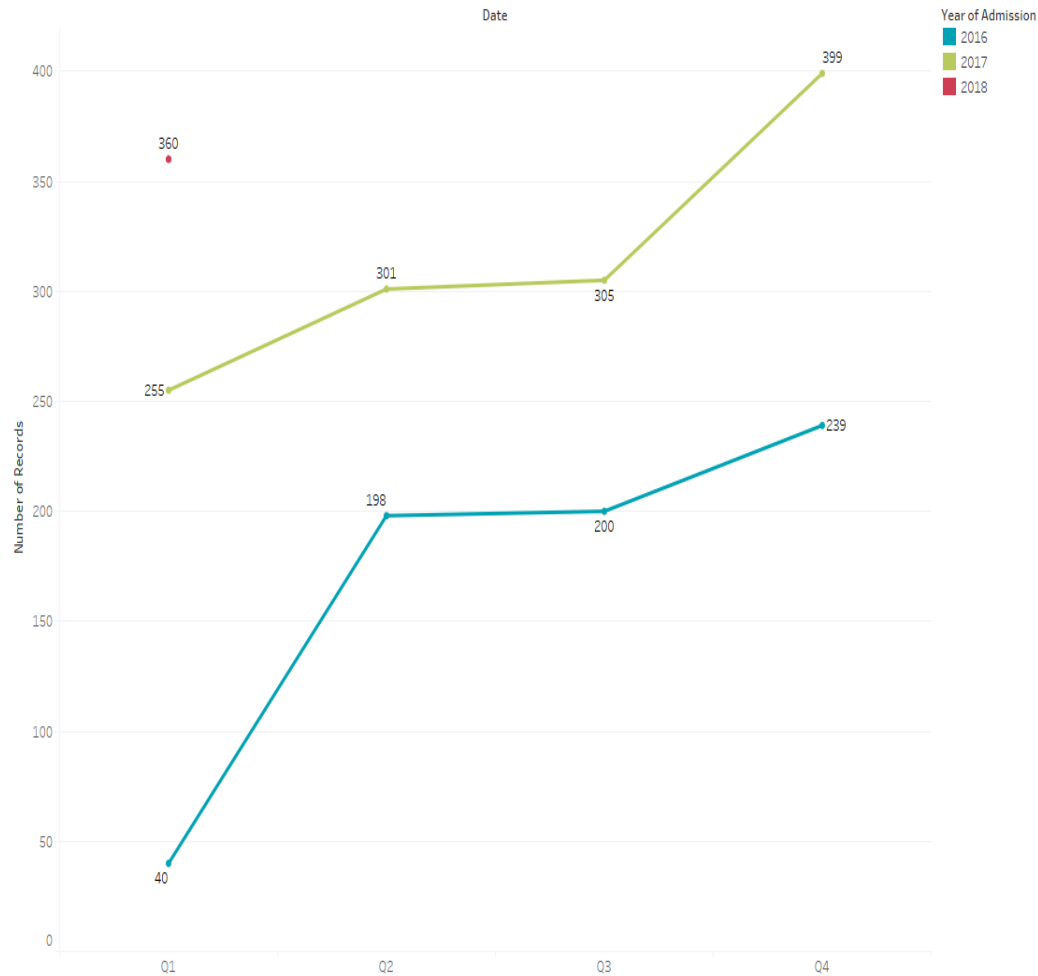
Some good news - Benzodiazepines

All Deaths that Included at Least One Opioid and One Benzodiazepine in the Cause of Death



Emergency Department Data

Number of Overdose ER Admissions by Year and Quarter



EXPANDED PARTNERSHIPS AND COMMUNITY RESPONSE

Trainings and Events

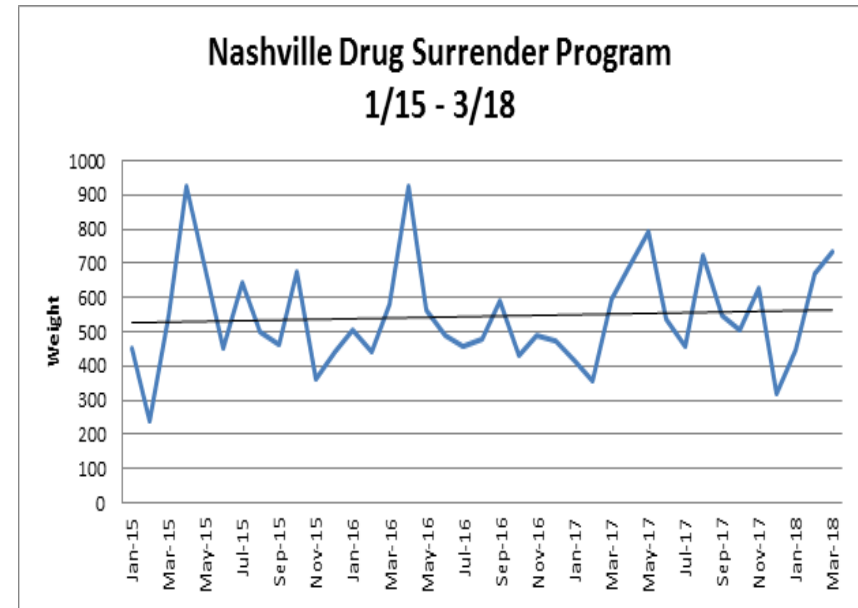
- Tennessee Together Summit: April 10-11, 2018
 - Participated in interactive sessions with facilities in Middle Tennessee to identify strategies for opioid response
 - Foundational materials for developing promising practices for opioid prevention
- Coordinated education events at community organizations
- Training on harm reduction strategies in relation to opioids and injecting drug use

Drug Take-Back Programs

April 28 – National Drug-Take Back Day

- Partnership with the Mayor's Office and local pharmacies to increase drug take back efforts.
- Joined the statewide effort

Count It! Lock It! Drop It!®



HARM REDUCTION ACTIVITIES

Syringe Services Program

Street Works was approved as the first syringe services program in the state in January 2018

- MPHD partnered with Street Works to dispose of collected needles
 - 29 boxes of used syringes collected (up to 12,000 syringes)
- Opioid Coordinator working to enhance wrap around services – e.g., updates on current hepatitis A outbreak

Naloxone Distribution

- Working with Nashville Prevention Partnership (NPP) to expand distribution of naloxone to new partners
 - 188 kits to 31 agencies
- Planning community event at the health department with NPP
- Researching options for MPHD employees to carry naloxone



OVERDOSE RESPONSE ACTIVITIES

Overdose Table Top Exercise

February 5, 2018

- Held exercise with local hospitals to discuss response activities
- Requested a real-time reporting system through Poison Control Center (PCC)
- PCC unable to participate- exploring other options for overdose monitoring

Planned activities:

- Electronic systems for monitoring real-time overdoses
 - OD Map and Dangerous Drugs Task Force mapping
- Meetings with police, fire, and health department to discuss data integration
- Partnering with hospitals to collect more data on overdoses

Legal/Legislative Updates

- Monitoring legislation and lawsuits

Notable changes:

- Reduced timeframes for prescriptions
- Pharmacies limiting number of days for prescribed medications
- Additional treatment funding available



The Road Ahead

- Many diverse players
 - Role of the health department still being defined
- Need for more treatment providers, systems, and funding
- Continuing need for better data
- Ongoing stigma surrounding addiction and mental health
 - Need to change perceptions, terminology, and approach
- Conversations with sheriff and new correctional health contract

Director's Update to the Board of Health May 10, 2018

Nursing recognition

Lisa Nistler, Director of our School Health Program, has been named School Nurse Administrator of the Year for the Tennessee Association of School Nurses. She will be honored during the 50th annual National Association of School Nurse (NASN) conference in June, and will be featured in their fall NASN School Nurse magazine. Congratulations to Lisa on some well-deserved recognition.

Community Behavioral Health and Wellness Advisory Council

In his State of Metro Address last week Mayor Briley announced the formation of a Community Behavioral Health and Wellness Advisory Council, declaring behavioral health and wellness “a priority for our city to address in a systematic and collaborative manner.” I have been asked to serve on the Council, as has Angie Thompson. MPH, in the person of Julie Thacker, will provide staff support for the group. The expectation is for this council to build upon and magnify the work we have done the past two years in the Community Mental Health Systems Improvement group (CMHSI). CMHSI will continue to meet with a particular focus on criminal justice diversion projects.

Community Health Assessment

Our newest Community Health Assessment is under way. We are partnering in this effort with Vanderbilt, St. Thomas, the city's three Federally Qualified Health Centers, and Metro Social Services on a joint assessment. The first two strategic issue assessments (Community Health Status, and Community Themes and Strengths) began last month. The other two assessments will begin this summer and fall. A part of the Health Status work will include a local Behavioral Risk Factor Surveillance System survey. As you may recall from previous iterations, the CHA data allow us to choose the strategic issues that become the focus of the Community Health Improvement Plan (CHIP), to be developed after assessment is completed.

Culture of Health Site Visit

As I've reported before Nashville is a finalist for the Robert Wood Johnson Foundation's Culture of Health Prize. RWJF's site visit was scheduled for earlier this week. The team was to include representatives from the RWJF, the University of Wisconsin Population Health Institute (UWPHI), and members of the Prize National Advisory Group. The primary goal was to get a first-hand account of Nashville's work, partnerships, and accomplishments as they relate to the Prize criteria. There were three components to the visit: a community tour, a leadership conversation, and a community conversation. The community tour involved people and places that play a prominent role in our health improvement story. The leadership conversation involved six leaders, me included, to discuss the history of health improvement, vision, the driving forces behind the efforts and the challenges faced. The community conversation involved about 20 community members who could share their stories, reflections, and insights on how the Prize criteria are reflected in Nashville's collective efforts.

Youth Violence

We convened the first meeting of our Youth Violence Prevention Collaborative last month. Twenty-four partners joined the work, including three local high school students. Before examining quantitative data from institutional partners, we began by collecting qualitative data from the participants. Together the group shared how its members see violence manifesting in Nashville, and where they think this violence might come from. Some insights:

- Youth are afraid in their neighborhoods and feel a need to defend themselves, sometimes by carrying weapons (which increases the likelihood of violence).
- Kids are witnessing trauma in their homes and neighborhoods, which increases the chance they will carry this violence/trauma into other systems.
- Communities that experience violence often feel silenced. This silence – and the lack of belonging it reinforces – increases the likelihood of violence.

MPHD believes reducing youth violence in a significant, lasting way, requires that the systemic factors driving it must be interrupted (i.e. poverty, housing insecurity, systemic racism, etc.). Our coalition partners span multiple systems (government, nonprofit, healthcare, faith-based, community, etc.) that can recognize these systemic drivers and align their work accordingly. Current partners include MNPD, Juvenile Justice, the DA’s office, the Public Defender’s office, the state Department of Health, Oasis Center, Big Brothers Big Sisters, Mt. Carmel Missionary Baptist Church, Gideon’s Army, Rapha Institute, Youth Villages, Vanderbilt, Project Return, Neighborhoods Resource Center, Centerstone, Nashville Conflict Resolution Center, concerned community members, and youth from various Nashville high schools.

Vehicle Emissions

The resolution to maintain the vehicle emissions testing program for Davidson County was approved in both the Health and Budget committees of the Metro Council last week. We asked that it be deferred for one meeting (to May 15) to ensure that the state legislation to which this is in response has been signed by Gov. Haslam. The Council has 30 days to act after the law becomes effective, so at this point we are positioned to act as quickly as the Council’s schedule permits.

Opioids

In just a few hours (at 7 p.m.), what may be the first public forum in Middle Tennessee on opioids will open at the West End Synagogue. Titled “The Opioid Crisis: What Is It? How Did We Get Here? And What We Can Do?” the forum is an effort to help people understand this public health emergency that touches people from all walks of life. Moderating the panel will be Trevor Henderson, our Opioid Coordinator. Panelists scheduled are Michael Baron, MD, MPH, Medical Director, Tennessee Medical Foundation – Physician Health Program; DeWayne Holman, MPA, Executive Director, Nashville Prevention Partnership; Mary Linden Salter, Executive Director, Tennessee Association of Alcohol, Drug & Other Addiction Services; and Kappu Deshpande, Assistant Fire Chief, EMS, Metro Nashville Fire Department. Attendees are encouraged to bring any unused and outdated medications to place in a police department drop box onsite for the event. The synagogue is at 3810 West End Ave.

Backyard Inspection Day 2018

MPHD staff came together April 28th for the 14th annual Backyard Inspection Day. We use this day to help residents learn how to take action to reduce the mosquito population. Staff went door-to-door in the Inglewood area and in South Nashville offering free backyard inspections; the 23 staff members visited 270 back yards. The targeted areas were selected because they both have a history of mosquito problems, including previous positive tests for the West Nile Virus. West Nile testing history:

Year	Positive Batches	Batches Collected	Confirmed Human Cases	Human Deaths
2017	133	845	5	0
2016	5	310	0	0
2015	61	953	3	0
2014	26	1786	1	0

The weekend prior to BYID we had two tents set up at Metro's Earth Day recognition in Centennial Park, which saw one of its largest turnouts in recent years. MPHD had a tent with information on pest management and mosquito control, and the second tent provided information on air pollution control.

Sexual Assault Response

The Sexual Assault Response System task force I have been convening for two years developed a plan to provide forensic exams after sexual assault in a new clinical site at the Sexual Assault Center (SAC). The Sexual Assault Center raised the capital needed to build the clinic based on the consensus recommendation. The expert and experienced nurses from Nashville General Hospital will provide clinical services at the Center recommendations and the ribbon cutting for the SAFE clinic as it will be known is scheduled for June 5.

Budget

Mayor Briley released his budget proposal in last week's State of Metro address. The mayor proposes step pay increases for eligible employees (roughly a third of our staff are on steps, although some are at the top of their range) and 2.5 percent increases for open range employees. There is no cost-of-living raise being proposed, but the mayor also announced there would be no increase in employees' health insurance premiums. As you recall, all departments were requested to submit status quo budgets, which we did. The Metro Council will now take up the budget proposal, and can make changes to it. Our budget hearing before the Council is scheduled at the Courthouse for 5 p.m. on May 17, a week from today. Board members are welcome to attend.

Below is a link to the Mayor's proposed budget:

<http://www.nashville.gov/News-Media/News-Article/ID/7478/Finance-Director-Outlines-FY2019-Budget-for-Council.aspx>

Equity

MPHD's Health Equity Assessment Team continues its process to assess how equity is incorporated in our policies, procedures and practices, as well as learning about overall staff knowledge of the concept. Next steps an all-staff survey that will be sent out in the summer. MPHD's Health Equity Coordinator (Sarah Bounse) and Health Equity Fellow (Obrenka Thompson) all this month are conducting hour-long training sessions with our clinical staff on MPHD's health equity framework. These trainings will help the team gather feedback on the framework, and provide insight on future staff trainings. MPHD's Health Equity Committee also is in the process of creating and formalizing a MPHD Equity Policy, and an Equity Value.

National Nurses Week

This is National Nurses week, when we recognize the contributions of our nurses, the backbone of the public health enterprise. Our main event was this morning in this room, with breakfast and a guest speaker, Betty Thompson. We will have a job fair tomorrow. Thanks from all of us to all of our nurses!

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 of Humane Societies, PetSmart Charities and HSUS) have agreed are the minimum data points (along with definitions) an organization should gather. Whether organizations already gather 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 calculate 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 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 capabilities of your organization, this document defines puppy and kitten as under 5 months of age (see below: Determining Age). Again – given the differing level of risk, 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 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 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_june 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 count 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 veterinarian, 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 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 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. 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 at the time of admission are 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 animal is 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 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 gather. We hope organizations will gather AT LEAST this data, or if an organization already gathers a great deal of data, that they will consider rolling up (if individual agencies are interested) data collection at a local, regional or national level, which would allow participating agencies to benchmark their work against other organizations. 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 will be able to be calculated from the data points included.

NATIONAL FEDERATION OF HUMANE SOCIETIES
BASIC ANIMAL STATS MATRIX
(vrs 6_13_2011)

BASIC DATA MATRIX

Species By Age		Canine		Feline		Total
		Adult	Up to 5 months	Adult	Up to 5 months	
A	Beginning Animal Count (date: 04/01/2018)	62	7	18	10	97
Intake						
B	Stray/At Large	167	22	39	62	290
C	Relinquished by Owner	44	3	21	2	70
D	Owner Requested Euthanasia	19	0	14	1	34
E	Transferred in from Agency	0	0	1	0	1
F	Other Intakes	18	3	3	0	24
G	TOTAL INTAKE	248	28	78	65	419
Outcomes						
H	Adoption	104	16	28	1	149
I	Returned to Owner	86	5	2	0	93
J	Transferred to another Agency	44	2	21	14	81
K	Other Live Outcome	0	0	0	0	0
L	TOTAL LIVE OUTCOMES	234	23	51	15	323
M	Died in Care	0	0	0	2	2
N	Lost in Care (Physical Inventory Adjustments)	0	0	0	0	0
O	Shelter Euthanasia	19	0	6	9	34
P	Owner Requested Euthanasia	20	0	8	0	28
R	TOTAL OUTCOMES	273	23	65	26	387
Q	Ending Shelter Count (date: 4/30/2018)	45	4	21	7	77

METRO ANIMAL CARE AND CONTROL

Trailing 12 Month – Data Report

		Trailing 12 Month Average	
		Mar-18	Ending April 30, 2018
A	Intake Total	448	554
B	Stray	298	316
C	Owner Surrender	71	169
D	Owner Req. Euthanasia	34	35
E	Wildlife	20	13
F	Other	9	18
G	Adopted	151	215
H	Transfer	94	123
I	RTO	94	104
J	ORE Euthanized	33	32
K	Wildlife Euthanized	4	7
L	Euthanasia Total	82	110
M	Euthanasia %	10%	12

Data Report Key

Intakes

Outcomes

METRO ANIMAL CARE AND CONTROL

Trailing 12 Month – Data Report

		Trailing 12 Month Average	
		Mar-18	Ending April 30, 2018
A	Intake Total	448	554
B	Stray	298	316
C	Owner Surrender	71	169
D	Owner Req. Euthanasia	34	35
E	Wildlife	20	13
F	Other	9	18
G	Adopted	151	215
H	Transfer	94	123
I	RTO	94	104
J	ORE Euthanized	33	32
K	Wildlife Euthanized	4	7
L	Euthanasia Total	82	110
M	Euthanasia %	10%	12

Data Report Key

Intakes

Outcomes

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



DAVID BRILEY
MAYOR

DIRECTOR OF FINANCE
METROPOLITAN COURTHOUSE
ONE PUBLIC SQUARE, SUITE 106
NASHVILLE, TENNESSEE 37201
(615) 862-6151
(615) 862-6156 FAX

May 3, 2018

Chairwoman Etherington and Board of Health Members,

In conjunction with the filing of the FY2019 Operating Budget on Tuesday, May 1st, the attached letter was sent to the Metro Civil Service Commission. The letter outlines proposed changes in the budget regarding employee pay plans administered by that body.

We are forwarding this information to you for your review and consideration. I know that historically the Metro Board of Health has attempted to keep its' pay plan in sync with the general pay plan, so I wanted to make you aware of proposed changes for FY2019.

Regards,

A handwritten signature in blue ink, appearing to read "Talia Lomax-O'dneal".

Talia Lomax-O'dneal
Director of Finance

attachment

Copy: Shannon Hall, Human Resources Dept.
Dr. William Paul, Public Health Dept.
Les Bowron, Public Health Dept.

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY



DAVID BRILEY
MAYOR

DIRECTOR OF FINANCE
METROPOLITAN COURTHOUSE
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May 1, 2018

Chairman Farmer and Civil Service Commission,

I am writing today regarding the recently filed *FY 2019 Operating Budget* and the proposed changes that document makes regarding funding of the Metro employee pay plans.

As you are aware, last year both the Civil Service Commission and the Metropolitan Council approved a three-year employee pay plan, the details of which are outlined in the table below:

Current Three-Year Plan	Increments	COLA	Open Range
FY 2018	Yes	2%	2%
FY 2019	Yes	3%	3%
FY 2020	Yes	3%	3%

The *FY 2019 Operating Budget* proposes replacing the above plan with a one-year alternative version, the details of which are below and which I intend to put forward for your approval at the next commission meeting.

Proposed One-Year Plan	Increments	COLA	Open Range
FY 2019	Yes	0%	2.5%

In total, this represents an \$8.5 million investment in Metro employees, who will also see no cost increase for their health insurance in FY 2019. Another \$2.2 million increase for pensioner health benefits is also recommended.

Over the last year, Metro has faced a number of financial challenges, chief among them:

- \$26 million less in property tax revenue than anticipated and
- \$20.6 million in FY 2018 supplemental funding requests which have resulted in fund balances that are below the 5% required by established policy.

All combined, this means a very tight budget year with departments maintaining budgets at current funding levels with almost no improvements. While I know this is not an ideal situation, I am asking for your support so that we can recognize our employees in a fiscally prudent manner in FY 2019.

Regards,

A handwritten signature in blue ink that reads "Talia Lomax-O'dneal".

Talia Lomax-O'dneal
Director of Finance