Metropolitan Board of Health of Nashville and Davidson County
February 14, 2019 Meeting Minutes

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Vice Chair Alex Jahangir 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

Alex Jahangir, M.D., Vice Chair
Thomas W. Campbell, M.D., Member
Margreete Johnston, M.D., MPH, Member
Tené H. Franklin, MS, Member
Sanmi Areola, PhD, Interim Director
Jim Diamond, MBA, Interim Director, Finance and Administration Bureau
Sarah Bounse, MPH, Health Equity Coordinator
Tom Sharp, Governmental Liaison and Policy Director
Les Bowron, Esq., Director of Human Resources
Judith Byrd, Mayor's Senior Advisor on Health and Wellness Policy
Justin Marsh, JD, Metropolitan Department of Law

Introduction of New Board Member Tené H. Franklin

Vice Chair Jahangir welcomed New Board Member Tené Franklin and offered congratulations on her appointment by Mayor David Briley, and confirmation by the Metro Council on January 3, 2019. Ms. Franklin shared brief details about herself and her background. Her term expires July 9, 2019.

Metro Budget

Jim Diamond presented an update on the Metro Budget (Attachment I).

Discussion of Health Equity Resolution

Sarah Bounse presented a draft Health Equity Resolution (Attachment II) for the Board's review. Several amendments were discussed and Board members were asked to provide suggested revisions to the recording secretary. The resolution would be discussed further at a future meeting.

Discussion of Policy on Partnerships

Tom Sharp presented a draft policy on Partnerships (Attachment III).

Dr. Campbell made a motion to approve the policy on partnerships as presented. Dr. Johnston seconded the motion, which passed unanimously.

Approval of Grant Applications

There were no grant applications.

Approval of Grants and Contracts

Jim Diamond presented five grants and contracts for approval.

1. **Grant from the Tennessee Department of Health – HIV/STD /Viral Hepatitis Prevention, Surveillance & PrEP Clinic Services**
   Term: January 1, 2019-December 31, 2019
   Amount: $1,177,800

2. **Donation from Friends of Metro Animal Care and Control – MACC Emergency Medical Fund Donation**
   Term: NA
   Amount: $10,000
3. **Grant from the Health Resources & Services Administration – Ryan White Part A HIV Emergency Relief**
   Term: March 1, 2019-February 29, 2020
   Amount: $4,054,928
4. **Nashville Community Health Survey**
   Term: July 1, 2018-June 30, 2019
   Amount: $25,000
5. **NashvilleHealth Community Health Improvement Plan**
   Term: Execution + one year
   Amount: $NA

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

<u>**Approval of the January 10, 2019 Meeting Minutes**</u>

Dr. Campbell made a motion to approve the minutes of the January 10, 2019 Board of Health meeting as amended. Dr. Johnston seconded the motion, which passed unanimously.

<u>**Interim Director's Report**</u>

Dr. Areola referred to his update provided in the Board packet (Attachment IV).

Dr. Areola noted that the Accreditation site visit was being coordinated and the date of the visit would be shared once it had been identified.

Dr. Areola invited Judith Byrd, Mayor Briley's Senior Advisor on Health and Wellness Policy, to provide a brief update on the Ending the Epidemic (EtE) effort. She said that the work had been ongoing for a year, and once finalized the plan would be posted at ete.nashville.gov. The plan includes 60 recommendations, the first two of which -- to hire an EtE Coordinator, and for the Mayor's office to announce an oversight board -- she is hopeful will be implemented by summer.

Dr. Areola invited Dr. Joanna Shaw-KaiKai to elaborate on the HIV Pre-Exposure Prophylaxis (PrEP) Clinic. She said that the Nurse Practitioner and Case Manager positions that had been approved would be filled by late spring or early summer.

Dr. Areola announced that the new director of the Epidemiology program would start on March 4, and that Dr. Rajeev Mavath had been selected as manager for the Ryan White program.

<u>**Report of the Chair**</u>

Vice Chair Jahangir relayed a message that Chair Etherington's surgery that morning had gone well and she hoped to return quickly.

Vice Chair Jahangir thanked Dr. Areola for everything Dr. Areola has done for the Department in the transition between directors.

Dr. Campbell made a motion to recognize Dr. Areola for his good work as Interim Director. Dr. Johnston seconded the motion, which passed unanimously.

Vice Chair Jahangir offered a reminder that the welcome reception for Dr. Wendy Long would be held Monday, March 4, 2019 from 2:00-4:00 p.m. at Lentz Health Center.

Vice Chair Jahangir offered a reminder that a reception to honor Sam Felker's service on the Board of Health would be held at 3:00 on Thursday, March 14, 2019, in Centennial Room C.

Vice Chair Jahangir mentioned the listening sessions with staff that were being conducted at the Board's behest. He noted that while transitions can be difficult, the listening sessions are expected to provide valuable information which the Board would use to ease the transition to the new director.

Review of Board Requests

A revised Health Equity Resolution incorporating Board members' revisions will be presented at a future meeting for further discussion and approval.

CIVIL SERVICE BOARD

Approval of Extension of Out-of-Class Pay for NaKishua King

Les Bowron asked approval the extension of out-of-class pay for NaKishua King, who is serving as interim director of Children's Special Services program.

Dr. Johnston made a motion to approve the extension of out-of-class pay for NaKishua King. Dr. Campbell 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, March 14, 2019, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 4:55 p.m.

Respectfully submitted,

A. Alex Jahangir, MD, MMHC
Vice-Chair

Attachment I

FISCAL YEAR 2020 BUDGET SUBMISSION

February 14, 2019

Jim Diamond, MBA
Interim Bureau Director, Finance and Administration

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

Budget Timeline

- Budget Instructions Received January 18th
- Budget Modifications Entered February 6th
- Mayor's Hearings with Departments – March 25th to 29th
- Mayor's Recommended Budget Presented to Council – May 1st
- Departmental Hearings with Council – May through June

Budget Timeline

- Council can either pass Mayor's budget or submit an amended one
- If Council takes no action by June 30th, the Mayor's proposed budget is adopted
- Fiscal Year 2020 begins July 1st

Fiscal Year 2019 Budget

- Local – $23,200,000
- Grant – $25,390,000
- Contracts – $18,000,000

Budget Modifications Considered

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

Improvements Requested

- Phase 2 of School Health Nursing Plan Implementation – Estimated Cost $822,000
  - 11 Public Health Nurse 1s
  - 2 Public Health Nurse 2s
  - 1 Office Support Representative

- MACC Positions – Estimated Cost $625,000
  - 3 Animal Control Officers
  - 1 Veterinary Technician
  - 1 Kennel Assistant
  - 1 Office Assistant

Blue Ribbon Committee

- Suggestions Requested from Committee

1. Cost Savings – Actions that lower current spending
2. New Revenues – New source of revenue or a proposed increase in fees/charges
3. Cost Avoidance – Actions that will avoid costs in the future

Recommendations

- Cost Savings – Reducing of unnecessary copying
- New Revenues – No recommendation made
- Cost Avoidance – Elimination of paid family leave

Capital Budget Requests

- Replacement facility for Woodbine Clinic
- Addition of a 4th floor to Lentz

Attachment II

Health Equity Resolution

Board of Health Meeting

February 14, 2019

Sarah Bounse, Health Equity Coordinator

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

What is Equity?

"In the simplest terms, it means **fairness**, which is not necessarily the same thing as equality…It's not about everybody getting the same thing. It's about everybody getting what they need in order to improve the quality of their situation."

Source: Cynthia Silva Parker, Interaction Institute for Social Change's "IISC Brings Equity to RI Planning Process," 2015.

Equality vs. Equity

Health Equity

Everyone has a **fair and just opportunity to be as healthy as possible**.

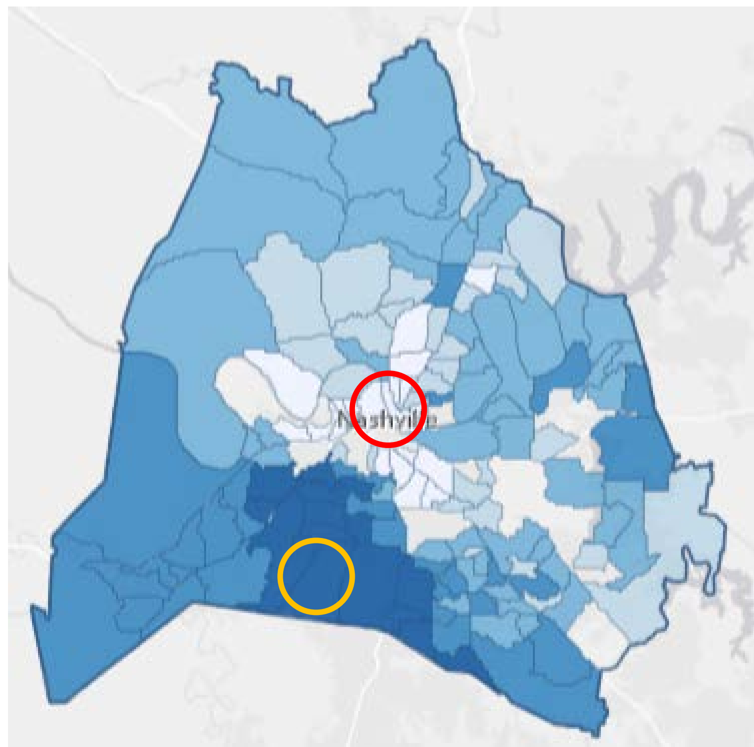
This requires removing obstacles to health such as *poverty, discrimination, and their consequences*, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Source: Robert Wood Johnson Foundation's "What Is Health Equity? And What Difference Does a Definition Make?," 2017.

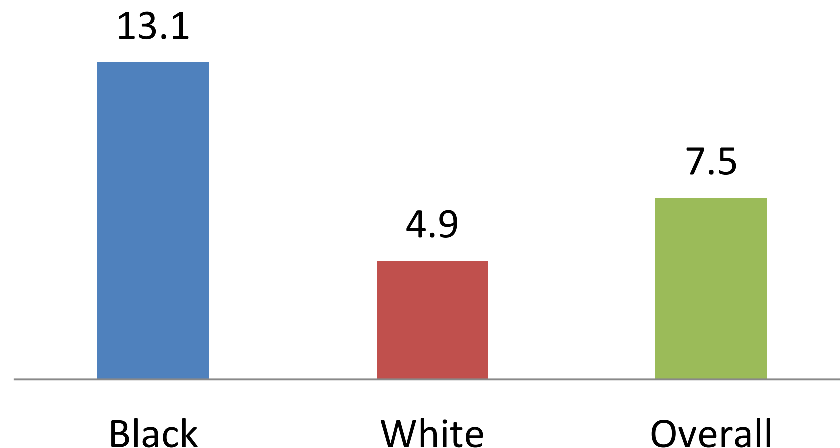
Inequities Exist and Persist:

- Race
- Ethnicity
- Gender
- Sexual Orientation
- Citizenship Status
- Income-Level
- Education-Level
- Neighborhood
- Ability-Level

Nashville/Davidson County Health Inequities

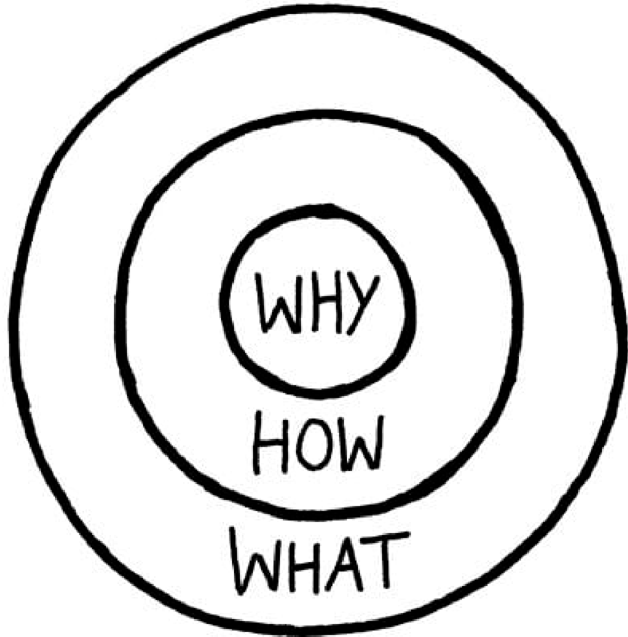


Life Expectancy by Census Tract (2010-15)



Source: HealthyNashville.com, "Explore Data & Disparities," 2019.

What creates Health Inequities?



Historical and current policies have affected (and continue to affect) specific communities' ***environments***, ***access to opportunity*** and ***resources*** to thrive.

What are we doing to advance health equity at MPHD?

MPHD Strategic
Plan (2015-2020)

Community
Health
Improvement
Plan (2015-2019)

Advance
Health
Equity

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

MPHD's Health Equity Goal:

Institutionalize and operationalize health equity within the department as a whole, incorporating health equity in MPHD's policies, procedures, programs, personnel, workplans and outputs.

MPHD's Working Definition of Health Equity:

Health equity is both the *absence of systemic obstacles* and the *creation of opportunities* for all to be healthy.

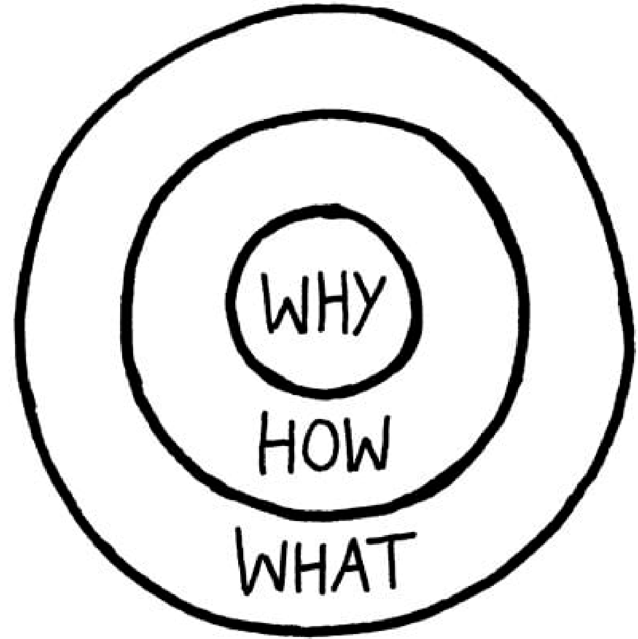
MPHD's approach to achieving health equity is to remove systemic obstacles to health and create opportunities for all to be healthy through our programs, internal and external policies, procedures and processes.

Equity Core Value

- We strive for equity by valuing and respecting all people.
- We understand that health is impacted by age, class, race, ethnicity, nationality, religion, ability-level, gender identity and sexual orientation and the intersections of these identities.
- We seek to be a socially and culturally responsive organization that acknowledges and addresses historical and current inequities in our public health promotion and practice.

MPHD’s Health Equity Resolution

- **Purpose**: Formally support and promote health equity as a goal for MPHD
- **Resolve**: “Commitment [to] and understanding [of equity] shall be seen in the policies, practices and programs of the Metro Public Health Department, and that the Department shall report to the Board annually on the same.”



National Public Health Equity Statements/Resolutions

- **National Association of County & City Health Officials** (NACCHO) adopted "Resolution to Promote Health Equity" in 2002
- **American Public Health Association** (APHA) adopted health equity as a guiding priority & value; adopted position statement on achieving health equity in the U.S. in 2018
- **Association of State and Territorial Health Officials** (ASTHO) adopted a position statement committing to health equity in 2011
- **Society of Public Health Education** adopted "Resolution for Achieving Health Equity" in 2016

PHAB and Health Equity

- Health equity shows up in PHAB guidance, domains, standards and required documentation approximately **25** times.
- Equity is integral to PHAB accreditation success:
  - Community health assessments and improvement plans
  - Community engagement
  - Health promotion
  - Staff training
  - Work plans
  - Leadership development
  - Policy development
  - Others

Jurisdictions of Similar Size & Health Equity

- **Austin/Travis County** Health & Human Services Department adopted an equity resolution in 2015; Office of Health Equity created in 2016 to advance equity throughout city

  *"Be it resolved that...City of Austin [staff and departments]...evaluate the impact that existing City policies and practices have on **equity**, evaluate best practices...and develop recommendations for addressing current race and socioeconomic-based inequities throughout the City..."*

- **City of Louisville** created an Office of Health Equity (part of Louisville Metro Department of Public Health & Wellness) in 2006

  *"Advocate for a Louisville Metro where everyone has a **fair and just opportunity** to be healthy and reach their full human potential."*

Metro Nashville & Equity

Metro Nashville Mayor's Office

- Mission and Vision support and address equity

  "Metro Government is an inclusive organization that leverages diversity and fosters ***equity and inclusion*** *in all aspects of how it functions, engages the community, and delivers services to residents."*

- Metro Council's unanimous vote to pass bill creating greater equity for women- and minority-owned businesses in Jan. 2019
- Executive Order signed to support LGBT-owned businesses in Feb. 2019

Metro Nashville & Equity

Metro Nashville Arts Commission

Board adopted a “Cultural Equity Statement” in 2016:

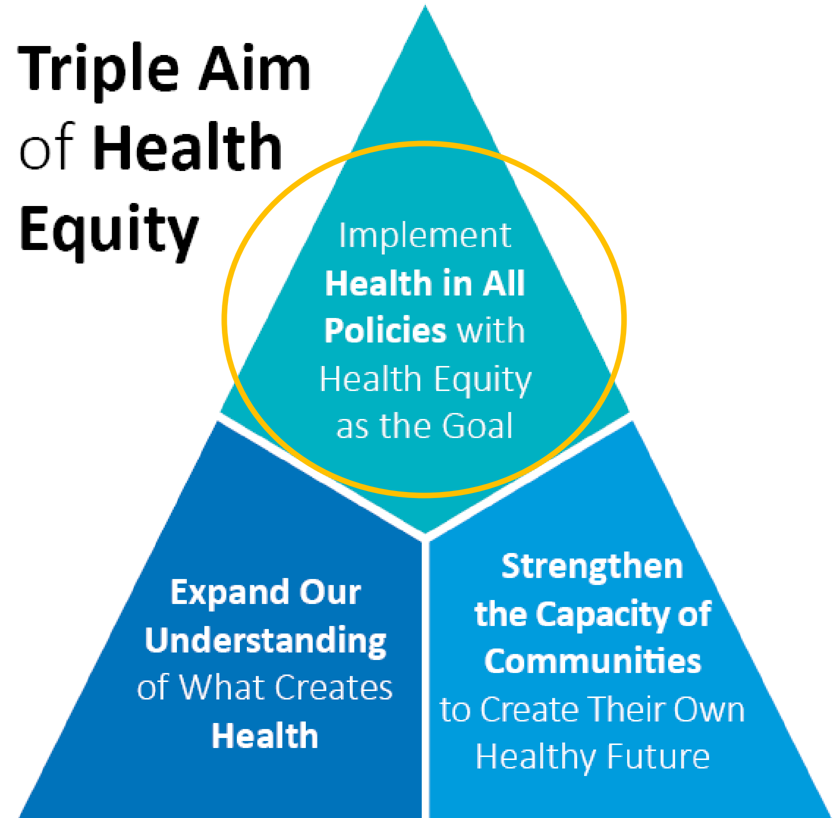
> *“Metro Arts believes ALL Nashvillians should be able to participate in a creative life; and that the arts drive a vibrant and equitable community…[which includes a] specific commitment to people who have been historically underrepresented in…funding, discourse, leadership and resource allocation; including, but not limited to, people of color, people of all ages, differently abled people, LGBTQ people, women, and the socio-economically disadvantaged.”*

Board approved the creation of the Anti-Racism Transformation Team in 2017:

> *“The…Board of Commissioners authorizes the Antiracism Transformation Team (ARTt) to support Metro Arts in keeping the promise of its mission to drive an equitable and vibrant community through the arts by holding the agency accountable in becoming fully antiracist in its identity and working for racial equity in all policies and practices.”*

Health in All Policies

- Metro agencies collaborating to achieve improved health with health equity as goal and process
- Formalized through Mayor's Office Executive Order 027 (began in 2012)



Local Health Equity Efforts

- **Vanderbilt University**'s creation of an Office of Health Equity (Jan. 2019)
- **Meharry-Vanderbilt Alliance**'s capacity building to ensure equity for grassroots organizations/non-profits to obtain grant funds (on-going)
- **Nashville Health Disparities Coalition**'s continued partnership building to use systems and policy change to address health inequities (on-going)

Why a Health Equity Resolution Now?

- Critical to moving the needle on important health outcomes
- Builds upon current momentum for health equity in Nashville/Davidson County
- Formalizes MPHD's commitment to address and advance health equity
- Supports on-going equity initiatives at MPHD (CityMatch's Racial Healing Project, etc.)
- MPHD can serve as a leader and a model for how government institutions can address and promote health equity

Resolution Key Points

- Resolution states that many differences in health outcomes are unfair and unjust ("health inequities").
- Inequities are a manifestation of systemic and historical behaviors, assumptions and biases that have been institutionalized in U.S. society, including Nashville/Davidson County.
- Public health has played a role in harming marginalized communities.
- Public health also has a history of social justice and reform.
- To advance health equity, MPHD must 1) Acknowledge the past and 2) Resolve in our commitment to institutionalize equitable policies, practices and programs.

Questions & Comments

Contact

Sarah Bounse, MPH
Health Equity Coordinator
615-340-0537
sarah.bounse@nashville.gov

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

Partnerships

Policy Name:	Partnerships	
Category:	Board of Heath	
Effective Date	Feb. 14, 2019	Last Reissue/Revision Date: Feb. 14, 2019
Responsible Program or Bureau:	Director of Health	Review-By Date: Feb. 14, 2023
Contact:	Policy Director	Phone Number: 615.340-5628

I. Policy Summary

Not-for-profit groups wanting to support operations of the Metro Public Health Department shall require certain permissions from the board and meet certain standards, as described below.

II. Policy

The Board of Health may authorize the establishment of new not-for-profit, volunteer, or other groups to support the operation or promotion of individual MPHD components, Board initiatives, and/or the Department as a whole, consistent with the overall mission and objectives as set by the Board. The Board may also authorize work in concert with existing not-for-profit groups under these same requirements.

III. Applicability

This policy is applicable to any not-for-profit entity that uses or intends to use the MPHD name, brand or logo, or represent itself as acting on behalf of MPHD or any of its programs or objectives in any way whatsoever.

IV. Procedure

1. For New Not-for-Profits

A. The Board shall make a determination of the appropriateness and desirability of a group or organization prior to its formal establishment based on the following criteria:

a. The group or organization is formed to support the operation of individual MPHD programs,

Board initiatives, and/or MPHD as a whole;

b. The group or organization does not exclude participation based on race, gender, economic status, sexual orientation, religion, or creed;

c. The operations and/or activities of the group or organization will not in any way detract from, or conflict with, Board operations and/or activities, or restrict in any way the availability of MPHD facilities to the general public, as established by Board and Department policy;

d. The proposed purpose and/or by-laws of the group or organization are in accordance with all federal, state, and Metro regulations; and,

e. The group or organization must be not for profit.

2. For All Groups

A. Existing and newly established groups or organizations must adhere to all Board policies and conditions imposed by the Board. Further, the Board shall monitor compliance, activities, and fundraising efforts for the direct or indirect benefit of the Department, including, but not limited to, the following requirements:

a. Groups or organizations must submit an annual financial statement or report to the Board;

b. An annual budget must be submitted to the Board, and all fundraising activities must be reported to the Board;

c. The group or organization must submit evidence of not-for-profit status by providing the Board a copy of its annual filing with the Internal Revenue Service and a copy of its current letter of exemption from the Internal Revenue Service.

d. The group or organization must annually report to the Board its membership, including board members and/or officers;

e. Any work or activities on MPHD property must be approved by the Board or Director, or the Director's designee.

3. Board Authority

The Board may withdraw its authorization for any group or organization at any time for failure to comply with regulations, policies or conditions imposed, or a determination by the Board that continued authorization is not desirable or in the best interest of MPHD. No individual, group, or organization may promote himself, herself, or itself as having authorization to raise funds for the Board, the Department, or Department programs, or conduct activities and/or operations on Department property without Board approval.

4. Departmental Resources

No group or organization shall commit the resources of the Department to any project, endeavor, or event without the approval of the Board or Director, or Director's designee. This shall include staff time, equipment, funds, and any other resources. No group shall undertake any project which would require departmental resources without such approval.

V. Related Links and Information

Attachment IV
part 1

Director's Update to the Board of Health
February, 2019

Healthy Mothers, Children & Families

Children's Dental

The dental clinic here at Lentz began offering silver diamine fluoride (SDF) as a treatment to arrest dental cavities in 2016, two years after it was approved by the FDA. It is similar to silver nitrate, which has been used for centuries to kill bacteria. The treatment is easy, and involves applying the SDF to the tooth, waiting one minute, and removing the excess. Two applications will stop approximately 90 percent of cavities from worsening. Some small cavities may not require filling after treatment with SDF, a very popular aspect with our patients. SDF has been so successful the State Health Department decided to do a pilot program in the schools, and MPHD was selected. We began offering the treatment to students in January, and we have had good results. The treatment is also available in the WIC Dental clinic at Lentz and South Nutrition.

In addition, preventive dental visits are now available for pediatric WIC participants at the Lentz and South WIC centers. These services are provided at no cost to families, no appointment necessary. Services are available at Lentz on Monday, Wednesday and Friday and at SNAC on Tuesdays and Thursdays. Kiana Radney began serving WIC clients as a dental hygienist in September 2017, having previously served as a school-based preventive dental hygienist.

According to the American Dental Association, all children should establish a dental home as soon as their first tooth erupts, but no later than by age one, and it is our hope that this program will help more kids do that. Dental costs for children who have their first dental visit before age one have been shown to be 40 percent lower in the first five years than for those who do not see a dentist before their first birthday. Also, untreated tooth decay, even in the earliest stages of life, can have serious implications for long-term health and well-being.

Longer, Healthier Lives

QPR Training

In October Mayor Briley announced that QPR (Question, Persuade, Refer) Suicide Prevention Training would be offered to all Metro Employees. The Behavioral Health and Wellness Division is partnering with Metro Human Resources and the Tennessee Suicide Prevention Network to provide this training. From October 2018 through January the Behavioral Health and Wellness Team has trained 671 Metro employees.

CHA/CHIP

The Healthy Nashville Leadership Council and community partners convened the 9th Annual Healthy Nashville Summit on Jan. 11. Participants reviewed data from the four MAPP assessments and enjoyed a lunch provided by the Nashville Food Project. The 159 participants worked through a series of exercises to choose the next set of strategic priorities to improve health in Nashville. Those are:

1) Access and Coordination of Resources
2) Meeting Basic Needs and Social Determinants
3) Access and Affordability of Healthcare
4) Mental Health and Toxic Stress

The summit also recommended having Equity as a wrap-around issue intrinsic to all four strategic priorities.

The next phase includes drafting goals, strategies and line-item objectives for the community to complete. The MAPP Core Group and HNLC will go back to the community to discuss the strategic priorities, and to elicit feedback on how to create meaningful objectives within the priority areas.

Communicable Disease & Emergency Preparedness

Hep A

As of last week we had recorded 183 cases of hepatitis A since the outbreak began here just over a year ago (since December 2017). The trend continues upward at a relatively slow pace; the total remained the same for two consecutive weeks in late January and early February. For comparison, the state's Mid Cumberland Region, which includes seven nearby counties with about 1.5 times the population of Davidson County, has reported 313 cases. (On a corresponding per capita basis, we would have 281 cases). We have given 10,550 vaccines since last spring. We continue working to get the state-supplied vaccine into hospital emergency rooms, and continue our Points of Dispensing at homeless shelters, rehabilitation facilities and halfway houses.

Ending the Epidemic

After a month-long public comment period in December, the Ending the Epidemic Task Force approved the final version of the EtE plan Jan. 31. Included is the future establishment of a standing oversight body to work with the EtE coordinator to ensure implementation. After meeting with an ad hoc committee in January, it was recommended that the standing oversight body be designed as follows:

- Appointed by the Mayor through executive order (similar to the Behavioral Health & Wellness Advisory Council)
- Embodies illustrative, diverse representation
- Between 13 and 25 members
- Multi-year, staggered terms
- Monthly meetings
- Staffed by EtE coordinator position

The EtE plan will be available electronically in the coming weeks at ete.nashville.gov. The proposed target date for the first standing oversight body meeting is July 2019. Meanwhile, efforts to create the EtE coordinator position housed at the health department are ongoing.

PrEP

The MPHD HIV Pre-Exposure Prophylaxis (PrEP) Clinic has been in the making for two and a half years; the delay was due to lack of funding. HIV PrEP is one pill, Truvada, taken once daily by HIV-negative people to prevent the acquisition of HIV. When PrEP is taken consistently it is more than 90 percent effective in preventing sexual transmission, and more than 70 percent effective in preventing HIV transmission via drug use. A 2018 study funded by the CDC showed that for multiple reasons the South is lagging behind in access to PrEP, especially with non-Hispanic black men. In 2018, more than 60 percent of clients requesting HIV testing at MPHD were non-Hispanic blacks. In a 2018 survey of people seeking services at the Lentz STD Clinic, at least 30 percent were interested in receiving PrEP. The MPHD HIV PrEP program will be based in the Lentz STD clinic. TDH is providing funding for a medical case manager and advanced practice nurse.

Access & Connection to Clinical Care

Community Mental Health Systems Improvement

A major milestone in the work of the CHMSI effort was on Jan. 29 with the grand opening ceremony for the new mental health crisis center at the Mental Health Cooperative. The center was funded through Metro and the Tennessee Department of Mental Health and Substance Abuse Services to provide a safe, secure place where individuals in mental health crisis could go, or be taken by police in lieu of jail. The Metro funding is to hire Mental Health Technicians and RNs. The technicians provide a secure setting for people experiencing psychiatric crisis who are brought in by the police. The RNs provide 24/7 medical coverage and treat some co-occurring medical conditions that previously had to be diverted to hospital emergency rooms.

The new facility, adjacent to the Mental Health Cooperative's existing facility on Cumberland Bend in Metro Center, will offer 24/7 treatment for adults and children.

Police officers who bring residents in for assessment and treatment will be able to return to their patrol within an estimated 10 minutes, as opposed to spending most or all of a shift on-site until the person can be stabilized.

Mayor Briley, TDMHSAS Commissioner Marie Williams and officials of the Co-Op spoke at the well-attended ceremony.

Organizational Updates

Chief Epidemiologist

We are pleased to announce the hiring of Duc Anh Ngo, M.D., Ph.D., as the new manager of our Epidemiology Division. Dr. Ngo comes to us from the University of Virginia, where he has served as Epidemiologist/Director of Research for the school's Department of Student Health. Dr. Ngo earned the M.D. from Hanoi Medical University, an MIPH and an MPhil from the University of Sydney, Australia, and his PhD in Public Health from the University of Texas at Houston. Dr. Ngo will begin his tenure here on March 4.

Environmental Health Assistant Director

John Finke has been promoted to Health Manager 3, and will serve as the Assistant Bureau Director for Environmental Health. He will continue to manage the Air Pollution Program but take on some additional administrative duties for the entire bureau.

Mentorship Program

The MPHD Mentorship Pilot Program launched in January, with the first quarterly education session held on Jan. 23. Program participants were given an overview of the program and structure, had the opportunity to meet and work in peer groups, and then to meet one-on-one with their mentor/mentee. Mentor-mentee pairs shared their career journey stories and began discussing potential SMART goals to work on together, based on their matched MPHD Leadership Competency areas. These MPHD Leadership Competencies were developed as a result of the MPHD Strategic Plan: 2015-2020, and serve as our organizational guidepost for leadership development; as such, the competencies were chosen as the basis for MPHD's first formal mentorship program.

Developing a mentorship program is one objective in the strategic plan toward meeting the first strategic planning goal: *Consistently recruit, select, and retain diverse and talented employees, build their knowledge and leadership skills, and plan for succession*. A study by *Harvard Business Review*

showed that formal mentorship programs can increase leadership diversity over a five-year period by up to 24 percent[1]. Moreover, mentorship improves both promotion and retention of diverse groups[2].

The pilot program will run through this calendar year, with mentor-mentee pairs meeting monthly and attending the remaining three quarterly education sessions.

[1] https://hbr.org/2016/07/why-diversity-programs-fail

[2] https://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1120&context=student

Attachment IV part 2

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 9-2012)

Species By Age	Canine		Felilne		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date: 01/01/2019)	101	11	26	13	151
Intake					
Stray at large	180	16	26	12	234
Relinquished by owner	62	3	34	7	106
Owner requested euthanasia	20	0	2	1	23
Transferred in from agency	2	0	1	0	3
Other Intakes	19	0	3	0	22
TOTAL INTAKE	**283**	**19**	**66**	**20**	**388**
Outcomes					
Adoption	111	12	45	23	191
Returned to owner	103	3	4	0	110
Transferred to another agency	37	4	8	8	57
Other live Outcome	0	0	9	1	10
TOTAL LIVE OUTCOMES	**251**	**19**	**66**	**32**	**368**
Died in care	0	0	0	0	0
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	49	0	4	0	53
Owner requested euthanasia	16	1	5	1	23
TOTAL OUTCOMES	**316**	**20**	**75**	**33**	**444**
Ending Shelter Count (date: 1/31/2018)	**67**	**3**	**21**	**4**	**95**
SAVE RATE:	**81.65%**	**100.00%**	**93.44%**	**100.00%**	**85.48%**

METRO ANIMAL CARE AND CONTROL

Trailing 12 Monthly – Data Report

	January 2019	Trailing 12 Month Average Ending January 31, 2019
Intake Total	401	548
Stray	237	391
Owner Surrender	108	118
Owner Request Euthanasia	23	21
Wildlife	7	23
Other	13	23
Adopted	192	228
Transfer	61	111
RTO	110	111
ORE Euthanized	23	21
Wildlife Euthanized	6	11
Euthanasia Total	53	78
Euthanasia %	13%	10%

Data Report Key
Intakes
Outcomes