

Metropolitan Board of Health of Nashville and Davidson County December 12, 2019, Meeting Minutes

Chair Alex Jahangir welcomed everyone and called the meeting to order 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.

Rhonda Graham prepared the minutes of meeting.

Present

A. Alex Jahangir, MD, Chair

Tené H. Franklin, MS, Vice-Chair

Carol Etherington, MSN, RN, Member

Thomas W. Campbell, MD, Member

David Frederick, MS, Member

Margreete Johnston, MD, MPH, Member

Sanmi Areola, PhD, Interim Director of Health

Jim Diamond, MBA, Director, Finance and Administration Bureau

John Finke, PE, Director, Air Pollution Division

Tom Sharp, Director of Policy and Governmental Liaison

Angie Thompson, MPS, Behavioral Health and Wellness Division Director

Josh Love, MPH, Epidemiologist

Trevor Henderson, Opioid Response Coordinator

Wanda Hadley, Manager of Talent Acquisition and Training, Metro Department of Human Resources

Derrick Smith, JD, Metropolitan Department of Law

Chair Jahangir welcomed Derrick Smith who is replacing Alex Dickerson from the Department of Law.

Update on Director Search

Ms. Hadley gave members an update on the Director search which prompted an in-depth discussion.

- Total of nine applicants have met the qualifications to continue with the interview process. Eight new and one from previous. The applicant who applied last time has decided not to continue.
- Demographics of the eight are five males and three females; five Caucasian, one Hispanic, one African American, and one unknown. Six are local and two are out of state.
- Candidates have been sent the supplemental questions and she has received their answers.
- The Subject Matter Expert Committee consists of Mr. Frederick, Dr. Consuelo Wilkins, Dr. Henry Foster, Dr. Bob Vero, and Mr. Sam Felker.
 - The committee will review the applications, resumes, and answers to the supplemental questions and will then decide on who will be invited for a video interview with the committee.
 - After the video interviews, the committee will determine the finalists to meet in person, meet with the Board, community stakeholders, Mayor, etc.
- Anticipate doing the video interviews in January and possible interviews with board in January as well.
- If a successful candidate is found, this process could be completed in late January or early February.
- Ms. Franklin asked that the Board be kept informed of the process as it goes forward.
- Dr. Campbell asked what the process was in determining a stakeholder in the community. Mr. Frederick suggested that it would be someone that is involved in areas that are important to public health. Dr. Areola stated that he would provide a broad list of the stakeholders that the department works with to help the board in their selection.
- Ms. Hadley stated that the final applicant(s) will meet with the Mayor and attend a meet and greet with some stakeholders on the same day of the interview with the Board.
- Ms. Hadley stated that she anticipates sending the Board the supplemental questions and the leftover questions the week of Christmas. She asked that the Board members review those and submit questions to her by the date in her email. There will be two sets of questions – one set for video

interview and another set for the in- person interview. She anticipates the video interviews lasting 45 minutes and the in-person interview lasting an hour. Five or six questions for each type of interview.

- Mr. Frederick stated he anticipates that he or Ms. Hadley will be able to send the Board by the week of Christmas the date that the committee will meet to review the resumes of the applicants, schedule video time slots (date/time only).
- Chair Jahangir stated that the Board will identify internal and external stakeholders to meet the candidates and the recommendations will be forwarded to Ms. Hadley.
- Chair Jahangir stated the Board would get together and develop their final questions for their interview with each applicant. Possibly look at one day of developing questions to ask in interview, interview applicants, etc. and then the next day to come together and share thoughts, concerns, and next steps.

Chair Jahangir thanked Mr. Frederick and Ms. Hadley for their work.

Air Pollution Permit Fees for Calendar Year 2019

John Finke presented the Air Pollution Permit Fee Schedule for Calendar Year 2019 (Attachment I) and requested Board approval.

Ms. Etherington made a motion to approve the Air Pollution Permit Fee Schedule for Calendar Year 2019 as presented. Dr. Campbell seconded the motion, which passed unanimously.

Approval of the November 14, 2019, Regular Meeting Minutes

Dr. Johnston made a motion to approve the minutes of the November 14, 2019, Board of Health meeting as written. Ms. Franklin seconded the motion, which passed unanimously.

Interim Director's Update

- Dr. Areola referred to his update provided in the Board packet (Attachment II).
- Dr. Areola stated that the World AIDS Day event that was held here at Lentz was very well attended and he was proud of all the staff that participated. There were other events held in the county as well. Metro Council passed a resolution in recognition of World AIDS Day and he thanked Tom Sharp and Judith Byrd for their work on this endeavor.
- Commissioner of Health Visit – Commissioner Lisa Piercey visited on November 27th. Ms. Etherington and Chair Jahangir attended the session.
- Dr. Areola stated that Section 10.104.6 of the Metropolitan Charter requires the Board of Health to submit to the mayor, within six months after the beginning of each new term of office, a report upon the activities of the Metropolitan Board of Health and a comprehensive program of public health and indigent medical care. He stated that the report will be sent to the Mayor's Office on Monday and he thanked Dr. Celia Larson for her work on the report.
- Continue working on Jail Health contract. Current one expires in less than a year. The cost increase has been significant, and we are communicating with others involved to make sure all are on the same page.
- Dr. Areola stated that the charter changes have been submitted to the Charter Revision Commission.
- Dr. Areola reported that Public Health Accreditation Board accepted 89 out of 100 measures. One of the needed improvements listed in the accreditation report was a more systematic approach to logging Board requests and the outcomes resulting from them. Moving forward, the completion of the form will be the last item on the agenda. We will use the form to itemize the requests from each Board meeting, the assignments at the next ELT meeting, and outcomes when they occur. Ms. Franklin requested that the Accreditation report be sent to the Board.

- Dr. Areola reported that the budget process is starting early. The Department’s ask remains the same – we will request the second phase for school health nurses, additional resources for Metro Animal Care and Control (MACC), and the electronic health record (EHR). The EHR will be from 4% funds. There has been discussion about Woodbine Center replacement. Next week, the leadership team is meeting with General Services and looking at a potential new location.

Opioid Program Update

Angie Thompson, Trevor Henderson, and Josh Love provided an update on the Opioid Program. (Attachment III)

Approval of Grant Applications

There were no grant applications.

Approval of Grants and Contracts

Jim Diamond presented seven items for approval:

1. Grant from the Tennessee Department of Health - Tobacco Use Prevention & Control Services

Term: April 1, 2020 – March 31, 2023

Amount: \$127,500

2. Grant from the Tennessee Department of Health – Breast & Cervical Screening

Term: July 1, 2020 – June 30, 2023

Amount: \$352,500

3. Contract with Well Child, Inc.

Term: November 1, 2019 – October 31, 2024

Amount: NA

4. Grant from the Tennessee Department of Health – HIV/STI Prevention, Surveillance, and PrEP Clinic

Term: January 1, 2020 – December 31, 2020

Amount: \$1,077,700

5. Contract with Meharry Medical College Family Medicine Resident Affiliate

Term: Execution + 5 years

Amount: NA

6. Agreement with Boehringer Ingelheim Animal Health USA, Inc.

Term: October 17, 2019 - TBD

Amount: NA

7. Grant from Tennessee Department of Health – Fetal Infant Mortality Review

Term: July 1, 2020 – June 30, 2021

Amount: \$318,600

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

Report of the Chair

Chair Jahangir congratulated MACC staff on receiving the Diana and Bob Hoover Innovation award. Dr. Cannon accepted the award on behalf of the Department.

Review of Board Requests

Send Board the letter from the Public Health Accreditation Board so that they can review the 11 areas that need improvement.

CIVIL SERVICE BOARD

Public Hearing Regarding Changes to the Pay Plan:

- Chair Jahangir opened the public hearing.
- Jim Diamond asked the board for approval to change pay grade of Administrative Assistant classification from ST08 to ST09 Pay Grade and to change titles of the Medical Administrative Assistant series to Public Health Administrator series.
- Chair Jahangir invited comments. There were no comments.
- Chair Jahangir closed the public hearing.
- Chair Jahangir opened the meeting.

Mr. Frederick made a motion to approve the changes to the Pay Plan as presented. Ms. Franklin seconded the motion, which passed unanimously.

Personnel Changes

Jim Diamond presented the November 2019 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 Thursday, January 9, 2020, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN., 37209. The meeting adjourned at 5:32 p.m.

Respectfully submitted,

A. Alex Jahangir, MD, MMHC, FACS
Chair

MEMORANDUM

TO: Dr. Sanmi Areola

FROM: John Finke

DATE: December 4, 2019

SUBJECT: Air Pollution Permit Fees for Calendar Year 2019

Title V of the Clean Air Act requires an operating permit program for major air pollution sources. The Act requires that sufficient funds be collected from these sources to cover the cost of the program. The fee schedule outlined in Section 10.56.080, "Permit and Annual Emission Fees" of Chapter 10.56, "Air Pollution Control" of the Metropolitan Code of Laws and Regulation No. 13, "Part 70 Operating Permit Program" follows the Clean Air Act guidelines which require an annual fee of \$25.00 per ton of allowable emissions of all regulated air pollutants, except carbon monoxide. The fee is adjusted upward each year by the increase in the Consumer Price Index since 1989. This methodology would result in a fee of \$52.81 per ton for 2019. For the past twenty-four years, the Board of Health has granted a variance from the provisions of Section 10.56.080(E)(1)(e) of Chapter 10.56 to all permitted sources. In 2004, the Board established a flat annual emission fee of \$28.00 per ton of regulated air pollutants, except for carbon monoxide. The Board has voted to maintain that same fee schedule for the past fifteen years.

For Metro's FY 2020 budget, MPHD projected the need to collect revenues, for the Title V permitting program and the general air pollution fund, of \$225,000 and \$130,000, respectively. Maintaining the \$28.00 per ton fee is projected to result in the collection of \$226,166 and \$126,857.

In conclusion, I am requesting that this matter be placed on the December 12, 2019, Board of Health agenda and I am recommending that the Board grant a one year variance from the provisions of Section 10.56.080 of the Metropolitan Code of Laws for all sources located in Nashville, Davidson County, Tennessee, by establishing an annual emission fee of \$28.00 per ton of regulated air pollutants, except for carbon monoxide, for calendar year 2019.

cc: Hugh Atkins
Dianne Harden

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

Protecting Health – Preventing the Spread of Infectious Disease

World AIDS Day

The World AIDS Day recognition here last week was a success. We offered free STD/HIV testing, counseling and results, and had information available on where to find further assistance in the county. We also had participants memorialize someone in their life who has been affected by HIV by writing their name on a red ribbon, which we displayed in the lobby. Also, the Metro Council unanimously passed a resolution in recognition.

Improving Health - Services to Individuals & Families

CHANT

When the state Department of Health decided to combine three existing programs (Children's Special Services, HUGS, and TennCare Kids) into one program, CHANT (Community Health Access and Navigation in Tennessee), we had about 500 enrollees combined among those programs. The specifics of the CHANT funding, however, called for us to achieve a first-year enrollment of 1,548, and tied the level of second-year funding to the achievement of that enrollment number. Now, nearly six months into the program, we have enrolled about 360 families. We had repeatedly conveyed our concerns about the high enrollment number to TDH. When Commissioner Lisa Piercey and Dr. Morgan McDonald visited here on November 27, we did so again. Dr. McDonald said they have heard this same concern loudly and clearly from across the state, and have decided to decouple the second-year funding from the first-year enrollment numbers. This comes as a relief to the CHANT team.

Improving Health – Access & Care Coordination

Enrollment

For the third quarter our four Certified Application Counselors, all of whom now operate out of this building, enrolled 333 people in either TennCare or Cover Kids. This was the first quarter all the CACs were here, having shifted from other sites. Of particular interest to us is that the quarterly number is down by only 13 enrollments.

Organizational Updates

Jail Health

We continue conversations around the proposed new jail health contract in an effort to align it with Metro's current budget issues. The contract was awarded through the procurement process and is designed to provide the necessary health care services in the new jail facility, including the Behavioral Care Center, a new concept for Metro. The gross amount of the contract over five years led to some questions from the Metro Finance Department. We are working through various issues with the sheriff, the winning bidder (wellpath, also the current vendor), and finance to see where the transition into the new jail facility might be managed at lower cost. Our goal is to ensure the proper level of health care is provided at all times.

Accreditation

As I mentioned to you in an update a couple of week ago, we received the accreditation letter from the Public Health Accreditation Board (PHAB), which accepted 89 out of 100 measures. We were already working on just about all the 11 areas that needed improvement and are confident we will have them to an acceptable level within a few months.

One example is the Board Request Tracking Form in your packet. PHAB wanted a more systematic approach to logging Board requests and the outcomes resulting from them. We will use these to itemize the requests from each Board meeting, the assignments made at the next ELT meeting, and the outcomes whenever they occur. The outcomes will be reported back to the Board at its next meeting thereafter.

One last note: Making this work will require the Board to recognize the last standing item on each agenda, which is Review of Board Requests. You are not required to make any, of course, but if you do this process commence.

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		Feline		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date: 11/01/2019)	151	9	42	51	253
Intake					
Stray at large	183	29	44	53	309
Relinquished by owner	60	0	12	17	89
Owner requested euthanasia	3	0	0	1	4
Transferred in from agency	0	0	1	4	5
Other Intakes	6	0	1	1	8
TOTAL INTAKE	252	29	58	76	415
Outcomes					
Adoption	121	17	34	71	243
Returned to owner	106	1	5	0	112
Transferred to another agency	25	2	12	5	44
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	252	20	51	76	399
Died in care	0	0	0	1	1
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	27	0	7	4	38
Owner requested euthanasia	2	0	0	0	2
TOTAL OUTCOMES	281	20	58	81	440
Ending Shelter Count (date: 10/31/2018)	131	8	53	36	228
SAVE RATE:	89.20%	100.00%	87.93%	93.42%	90.56%

METRO ANIMAL CARE AND CONTROL

Trailing 12 Monthly – Data Report

		Trailing 12 Month Average
	November 2019	Ending November 30, 2019
Intake Total	444	541
Stray	314	376
Owner Surrender	89	105
Owner Request Euthanasia	4	10
Wildlife	23	40
Other	5	24
Adopted	243	265
Transfer	44	85
RTO	113	102
ORE Euthanized	2	10
Wildlife Euthanized	23	33
Euthanasia Total	64	82
Euthanasia %	9%	8%

Data Report Key
Intakes
Outcomes

UPDATE: DRUG OVERDOSE EPIDEMIC

DECEMBER 2019

Metro Public Health Department

From "Opioid Epidemic" to "Drug Overdose Epidemic"

- Shift from prescribed opioid overdose to illicit drug overdose
- CSMD allowed for prescription tracking and intervention
- Shift to illicit drug use makes everything more complicated and more dangerous
- Both non-fatal and fatal overdoses involve multiple substances



Epidemiological Overview

- Both fatal and nonfatal drug overdoses have been steadily increasing in Davidson County.

Fatal Drug Overdoses

- The 3rd quarter was also the highest number of deaths observed for a single quarter since data analysis began in 2016
- The quarterly average this year has been 111 deaths; therefore, a conservative projection will very likely see Davidson County eclipse 400 fatal drug overdoses for the year
- Fentanyl is now being reported in 65% of all fatal drug overdoses in Davidson County

Current Interventions

- Syringe Services Program (SSP) **278,500** estimated syringes collected since Feb 2018. *(1,114 2-Gallon Containers)*
- Stakeholder engagement and partnership
- Partnership with NPP assisting in Naloxone targeting
- Enhancing capacity for understanding the shifting problem
- Coordination across multi-sector agencies for acute overdose activity
- *(No program budget beyond salary for one FTE)*

Future Interventions

- DOJ Comprehensive Opioid Abuse Program (COAP) Grant (\$1.2 Million over 3 years)
- CDC/TDH HIA Grant (\$1.2 – 1.7 Million per year for 3 years. Over four counties)

Future Interventions

- DOJ/COAP Grant:
 - Creating a foundation to build adequate OD surveillance and actionable data for stakeholder interventions
 - Form Fatal Overdose Review Panel
 - Support Overdose Reduction Workgroup
 - Focus on 'Public Safety'

- HIA /TDH/CDC Grant:

- Increase staffing at MPHD, NFD and treatment provider to create rapid linkage to care.
- Provide data support and program coordination with MCRO (4 Counties).
- Support stakeholder activities and acute response planning.

Need to address.....

- Need for robust surveillance system from OD to Treatment to support linkage
- SUD continuum of care
- Resources in the community (Support services)
- Readiness to engage with treatment
- Supply side of the problem
- Treatment capacity & access
- First responder capacity
- ED discharge protocols



Questions

- Please feel free to reach out with questions.
- trevor.henderson@nashville.gov