**Metropolitan Board of Health of Nashville and Davidson County**
**January 9, 2020, 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
Sanmi Areola, PhD, Interim Director of Health
Jim Diamond, MBA, Director, Finance and Administration Bureau
Derrick Smith, JD, Metropolitan Department of Law

**Approval of the December 12, 2019, Regular Meeting Minutes**
**Ms. Franklin made a motion to approve the minutes of the December 12, 2019, Board of Health meeting as written. Dr. Campbell seconded the motion, which passed unanimously.**

**Interim Director's Update**
Dr. Areola referred to his update provided in the Board packet (Attachment I).
- Long term employee, Phil Trevathan, who worked in the IT Program, passed away recently. Mr. Trevathan built several computer programs that are used daily - mileage, performance evaluations, and others.
- Update on budget – Our ask again this year will be for phase 2 of the School Health Nursing expansion program and more resources for MACC. We will also be asking for an electronic health record. Will do our best to make a case for why we cannot absorb any cuts.
- First supervisor's meeting of the year is scheduled for next Wednesday, January 15.
- All Staff Meeting is tentatively scheduled for October 23. Dr. Pardue is overseeing. More information will be shared as time gets closer. All Board of Health members are invited to attend. Ms. Etherington has attended the past two.
- Julie Thacker has accepted the position of coordinator for Ending the Epidemic. The first meeting of the year is coming up.
- The Health Equity position vacated by Sarah Bounse has been posted externally.
- CHIP – The Community Health Improvement Plan is expected to be released soon. The CHIP was created from a joint venture between MPHD, Vanderbilt, St. Thomas hospitals, and other community groups.
- Woodbine – Last week, several members of the ELT met with Metro General Services to look at property already owned by Metro in the southeast area. The area is located on a bus line. The property includes land only; the building would need to be designed and built.
- Dr. Areola, Laura Varnier, Dr. Pardue, and Lisa Nistler are meeting with Metro Schools staff on Friday to discuss opportunities to partner with Matthew Walker in order to improve immunization rates and offer additional health services to students.

**Budget Update**
Jim Diamond provided an update on the Fiscal Year 2021 Budget. (Attachment II)
- Received guidance on January 6 and the budget is to be submitted by January 24.
- Mayor's recommended budget is to be presented to the Metro Council on March 31 – a month earlier than previous years.

- Meetings will be scheduled with staff from Finance Department and Mayor's Office in February.
- Fiscal Year 2021 begins July 1.
- This will be our third year to ask for Phase 2 of School Health Nursing Plan Implementation with an estimated cost of $822,000 and additional resources for MACC with an estimated cost of $625,000.
- Capital Improvement Budget Requests – replacement facility for Woodbine Clinic and Electronic Health Record for the department.

## Approval of Grant Applications
There were no grant applications.

## Approval of Grants and Contracts
Jim Diamond presented three items for approval:
1. **Contract Amendment #6 with Vanderbilt University - TB Epidemiologic Studies Consortium**
   Term:                  September 29, 2019 – September 28, 2020
   Amount:            $77,117
2. **Grant from Tennessee Department of Health – Health Promotion Services**
   Term:                  July 1, 2020 – June 30, 2022
   Amount:            $318,500
3. **Grant from Environmental Protection Agency – Air Pollution Control 105**
   Term:                  October 1, 2019 – September 30, 2021
   Amount:            $75,000

**Mr. Frederick made a motion to approve the grants and contracts as presented.  Ms. Etherington seconded the motion, which passed unanimously.**

## Report of the Chair
- Next month, we will have a presentation on youth violence.
- Have not yet heard from Metro Council or the Mayor's Office regarding the amendments to the Charter.
- Director Search:
  - Secondary questions have been submitted to Ms. Wanda Hadley.
  - Mr. Frederick reported that his committee will be meeting on January 21 to go over the applicants and the video interviews will be conducted the next week.  After the video interviews, the committee will narrow the search down to 2 or 3 applicants.
  - Dr. Areola and Dr. Jahangir distributed a list of internal and external stakeholders who will be meeting with the applicants.  Dr. Jahangir will be contacting the stakeholders to meet with the applicants as a group.  He will ask for written feedback which he will share with the Board on February 7 when they will be meeting with the applicants.
  - Mr. Frederick stated that we are down to 7 applicants now, 2 withdrew.

## Review of Board Requests
- Dr. Areola went over the Board's requests from last meeting and all requests have been met.
- This meeting's request was to send the Equity Report to Board when available, preferably before February 7.  Dr. Areola in final stages of completing this report and will forward report to Board of Health members.

## Personnel Changes
Jim Diamond presented the December 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,

February 13, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN., 37209.

**Adjournment**
The meeting adjourned at 4:29 p.m.


Respectfully submitted,



A. Alex Jahangir, MD, MMHC, FACS
Chair

# Director's Update to the Board of Health
# January, 2020

## Protecting Health – Preventing the Spread of Infectious Disease

**Ending the Epidemic**
Julie Thacker has moved from her previous duties in the Behavioral Health unit to be the new coordinator for our Ending the Epidemic effort. The goal is to eliminate deaths and next generation infections of AIDS in our community, which medical advances have made a practical possibility.

## Improving Health - Services to Individuals & Families

**School Nursing**
Our nurses were given some resources to fight flu in the schools this winter. Several nurses have reported using them, including those schools where the flu hit particularly hard last year. The Harris-Hillman nurses (Melanie Dooley RN, Sami Durham RN, Nieka Fink RN, Deanna Shires RN, Mercedes Wirdzek RN, and Jenny Yoder RN) have developed a system of symbols to be used school-wide to use for those students who need tube feeding (`nurse,' `yes,' `no,') and have organized access to the IEPs for each student and worked to increase communication with the teachers there. At Carter-Lawrence, Katie Gormley RN worked with her Health School Team to receive the "Heart Safe School" designation from Project Adam, a program to educate students on the availability and use of automatic external defibrillators.

## Improving Health – Community Partnerships

**CHA/CHIP**
The latest iteration of the Community Health Improvement Plan was expected to be released publicly earlier this week. This plan has been in the works for two years and will guide the work of numerous community organizations for the next three. For the first time our CHIP was created as a joint venture among us, the Vanderbilt and St. Thomas hospitals, and other community groups. It is a good and useful document, with high aspirations and a series of logical, pragmatic steps to move the community toward those goals.

**Community Mental Health Systems Improvement**
The CMHSI effort, based here, is one of two collective impact initiatives selected by the Center for Non-profit Management for its 2020 Collective Impact Catalyst. The CMHSI Workgroup has convened stakeholders for collaborative decision-making in support of systems change since 2016. Last year, CMHSI decided to move from a public-private collaborative to a collective impact initiative. The group recognized it would benefit from the technical assistance available from the CNM's Collective Impact Catalyst, which has proven successful in moving collaborative work forward at critical stages. CMHSI applied for and was selected as one of two community collective impacts for this year. Participating in the Collective Impact Catalyst, and having access to their consultants, will help CMHSI build on its successes; implement changes, including restructuring; formalize the governance structure, including the backbone role with a designated fiscal sponsor; increase community engagement; and create new committees to support the implementation of the Diversion Plan.

## Organizational Updates

**Woodbine**

Since the Board's December meeting, a group of ELT members toured a site on Murfreesboro Road being considered by Metro as a possible location for a Woodbine replacement clinic. Metro owns the property already. We think it would be a good location and remain hopeful that funding will be included in the Mayor's Capital Spending Plan, which will be presented to the Metro Council within the next few months. We have updated and expanded slightly the Statement of Need originally provided to the Mayor's office in 2015 to include newer statistics, as well as expanded service delivery options.

**Equity**

A draft Equity Report for MPHD is under review and should be provided to you in the coming weeks. This document is an inward-facing assessment of the department.

**Phil Trevathan**

We lost a member of the family on Dec. 14 with the untimely death of Phil Trevathan, two weeks shy of his 60th birthday. Phil was a Nashville native who trained in psychology before dedicating most of his working life (22 years) to the Information Systems group of the Metro Public Health Department. He cared deeply about MPHD and its staff. Although he, like a lot of IT professionals, operated in the background, Phil's work was vitally important to everyone here, impacting all our work in some way daily. Phil possessed amazing technical skills. He developed and coded several applications like our mileage reimbursement and performance evaluation programs. But with Phil, you always got more than you asked for. He had a great sense of humor and always found a way to punctuate a story or an email with something that would leave us laughing and saying, "Only Phil."

Phil was a father, a grandfather, a comedian, a New Orleans Saints fan and a delight to work with. We will miss him.

**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 | Canine | | Feline | | Total |
|---|---|---|---|---|---|
| By Age | Adult | Up to 5 months | Adult | Up to 5 months | |
| Beginning Animal Count (date: 12/01/2019) | 131 | 8 | 53 | 36 | 228 |
| | | | | | |
| **Intake** | | | | | |
| Stray at large | 205 | 22 | 42 | 18 | 287 |
| Relinquished by owner | 38 | 7 | 25 | 14 | 84 |
| Owner requested euthanasia | 6 | 0 | 0 | 0 | 6 |
| Transferred in from agency | 1 | 0 | 0 | 0 | 1 |
| Other Intakes | 10 | 2 | 5 | 0 | 17 |
| **TOTAL INTAKE** | **260** | **31** | **72** | **32** | **395** |
| | | | | | |
| **Outcomes** | | | | | |
| Adoption | 100 | 19 | 59 | 51 | 229 |
| Returned to owner | 98 | 2 | 3 | 0 | 103 |
| Transferred to another agency | 35 | 16 | 10 | 18 | 79 |
| Other live Outcome | 0 | 0 | 0 | 0 | 0 |
| **TOTAL LIVE OUTCOMES** | **233** | **37** | **72** | **69** | **411** |
| | | | | | |
| Died in care | 0 | 0 | 0 | 1 | 1 |
| Lost in care (Physical inventory adjustments) | 0 | 0 | 0 | 0 | 0 |
| Shelter Euthanasia | 17 | 1 | 7 | 3 | 28 |
| Owner requested euthanasia | 5 | 0 | 0 | 0 | 5 |
| **TOTAL OUTCOMES** | **255** | **38** | **79** | **73** | **445** |
| | | | | | |
| **Ending Shelter Count (date: 12/31/2019)** | **113** | **14** | **30** | **21** | **178** |
| | | | | | |
| **SAVE RATE:** | **93.33%** | **96.77%** | **90.28%** | **87.50%** | **92.56%** |

**NATIONAL FEDERATION OF HUMANE SOCIETIES**
BASIC ANIMAL STATS MATRIX
(vrs 9-2012)

| Species | Canine | | Feliine | | Total |
|---|---|---|---|---|---|
| By Age | Adult | Up to 5 months | Adult | Up to 5 months | |
| Beginning Animal Count (date: CY 2019) | 85 | 7 | 32 | 8 | 132 |
| | | | | | |
| **Intake** | | | | | |
| Stray at large | 2444 | 358 | 547 | 827 | 4176 |
| Relinquished by owner | 665 | 80 | 304 | 152 | 1201 |
| Owner requested euthanasia | 68 | 1 | 29 | 3 | 101 |
| Transferred in from agency | 6 | 1 | 8 | 4 | 19 |
| Other Intakes | 119 | 16 | 58 | 15 | 208 |
| **TOTAL INTAKE** | **3302** | **456** | **946** | **1001** | **5705** |
| | | | | | |
| **Outcomes** | | | | | |
| Adoption | 1560 | 223 | 531 | 666 | 2980 |
| Returned to owner | 1089 | 41 | 58 | 15 | 1203 |
| Transferred to another agency | 374 | 141 | 238 | 171 | 924 |
| Other live Outcome | 0 | 0 | 0 | 0 | 0 |
| **TOTAL LIVE OUTCOMES** | **3023** | **405** | **827** | **852** | **5107** |
| | | | | | |
| Died in care | 1 | 1 | 3 | 8 | 13 |
| Lost in care (Physical inventory adjustments) | 0 | 0 | 0 | 0 | 0 |
| Shelter Euthanasia | 295 | 3 | 92 | 63 | 453 |
| Owner requested euthanasia | 58 | 2 | 24 | 2 | 86 |
| **TOTAL OUTCOMES** | **3377** | **411** | **946** | **925** | **5659** |
| | | | | | |
| **Ending Shelter Count (date: 12/31/2019)** | **113** | **14** | **30** | **21** | **178** |
| | | | | | |
| **SAVE RATE:** | **90.91%** | **99.25%** | **89.56%** | **94.43%** | **91.70%** |

# METRO ANIMAL CARE AND CONTROL

Trailing 12 Monthly – Data Report

|  | December 2019 | Trailing 12 Month Average Ending December 31, 2018 |
|---|---|---|
| Intake Total | 578 | 542 |
| Stray | 391 | 354 |
| Owner Surrender | 133 | 105 |
| Owner Request Euthanasia | 5 | 9 |
| Wildlife | 32 | 40 |
| Other | 9 | 25 |
| Adopted | 308 | 261 |
| Transfer | 62 | 86 |
| RTO | 104 | 103 |
| ORE Euthanized | 4 | 8 |
| Wildlife Euthanized | 33 | 33 |
| Euthanasia Total | 45 | 80 |
| Euthanasia % | 8% | 8% |

| Data Report Key |
|---|
| Intakes |
| Outcomes |

# FISCAL YEAR 2021 BUDGET SUBMISSION

## January 9, 2020

Jim Diamond, MBA

Bureau Director, Finance and Administration

# Budget Timeline

- Budget Instructions Received January 6$^{th}$
- Budget Submissions Entered by January 24$^{th}$
- Meetings with Finance Department and Mayor's Office  to be Scheduled in February
- Mayor's Recommended Budget Presented to Council – March 31$^{st}$
- Departmental Hearings with Council – To Be Determined

# 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 2021 begins July 1st

# Fiscal Year 2020 Budget

- Local – $23,950,000

- Grant – $25,907,000

- Contracts – $18,000,000

# Targeted Savings

- In Fiscal Years 2019 and 2020, the Department was required to achieve a targeted savings of $609,000 each year.

- For Fiscal Year 2021, the targeted savings from the current year will not be restored to the budget – meaning our budget will be reduced by this much.

# Mayor's Investment Priorities

- 1. Education
- 2. Public Safety
- 3. Transportation
- 4. Neighborhoods incl. Public Health Services
- 5. Affordable Housing
- 6. Effective and Sustainable Government

# Improvements to be 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

# Capital Improvement Budget Requests

• Replacement Facility for Woodbine Clinic

• Electronic Health Record