

**Metropolitan Board of Health of Nashville and Davidson County  
August 6, 2020, Meeting Minutes**

Chair Alex Jahangir called the meeting to order at 4:00 p.m. The meeting was held electronically. A recording of the meeting was to be posted at <https://www.nashville.gov/Government/Boards-and-Committees/Committee-information/ID/76/Health-Board-of.aspx>. The meeting was held on August 6, 2020 due to scheduling issues on August 13, 2020.

**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  
Calvin M. Smith III, MD, Member  
Michael C. Caldwell, MD, MPH, Director of Health  
Hugh Atkins, REHS, Director, Environmental Health Services Bureau  
Jim Diamond, MBA, Director, Finance and Administration Bureau  
Trevor Henderson, Opioid/Overdose Response Coordinator  
Angie Thompson, Director, Division of Behavioral Health and Wellness  
Josh Love, MPH, Epidemiologist  
Celia Larson, PhD, Director of Strategic Planning, Performance and Evaluation  
Jordan Moody, MA, Public Health Associate  
Joanna Shaw-KaiKai, MD, Associate Medical Director, Communicable Disease Control  
Tom Sharp, Director of Policy and Government Liaison  
Katie Stone, JD, Assistant Director  
James K. Hildreth, MD, President, Meharry Medical College  
Keith Durbin, CMA, MS.PSM, Metro Chief Information Officer and Director of IT Services  
Stephen Martini, Director of the Office of Emergency Communications  
Derrick Smith, JD, Metropolitan Department of Law

**Motion to Approve Conducting Meeting by Electronic Means**

**Vice-Chair Franklin made a motion to approve conducting of the meeting by electronic means and on August 6, 2020 (Attachment I). Mr. Frederick seconded the motion, which passed unanimously.**

**Approval of July 9, 2020 Regular Meeting Minutes**

**Vice-Chair Franklin made a motion to approve the July 9, 2020, regular meeting minutes as submitted. Mr. Frederick seconded the motion, which passed unanimously.**

**Introduction of New Board of Health Member Dr. Calvin M. Smith, III**

Dr. Jahangir gave a brief introduction of and welcomed Dr. Calvin M. Smith III to the Board. Dr. Smith expressed his thanks and eagerness to serve the citizens of Nashville as a Board member.

**Deliberation of End Date of Declaration of Public Health Emergency**

Dr. Jahangir proposed extension of the declaration of the public health emergency to the end of September, 2020, and invited discussion.

**Mr. Frederick made a motion to extend the expiration date of the Declaration of Public Health Emergency to the end of September, 2020. Ms. Etherington seconded the motion, which passed unanimously.**

### **Opioid Program Update**

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

### **Approval of Contract with Clinical Research Associates**

Dr. Caldwell invited Dr. James Hildreth of Meharry Medical College to address the Board in support of the contract with Clinical Research Associates. Dr. Hildreth expressed his support for the phase 3 vaccine trial and spoke in favor of MPHD entering the contract with Clinical Research Associates. Dr. Caldwell, Dr. Joanna Shaw-KaiKai and Katie Stone also shared information about the contract and answered Board members' questions. Board members engaged in a robust and lengthy discussion on the pros and cons of the contract.

**Dr. Campbell made a motion to approve the contract with Clinical Research Associates. Mr. Frederick seconded the motion. The motion carried as follows: Dr. Campbell, Dr. Smith and Mr. Frederick voted to approve the contract; Vice-Chair Franklin and Ms. Etherington voted against.**

### **Deliberation of Proposed Interim Data Sharing Plan**

Dr. Campbell and Stephen Martini presented the proposed Interim Data Sharing Plan (Attachment III) as requested. Mr. Martini advised that the Long Term Data Sharing Plan could be implemented in early October.

**Dr. Campbell made a motion to approve the Interim Data Sharing Plan as proposed. Mr. Frederick seconded the motion, which passed unanimously.**

### **Approval of Grant Applications**

There were no grant applications.

### **Approval of Grants and Contracts**

Jim Diamond presented 12 items for Board review and approval, and addressed questions.

- 1. Grant in Aid Grant from the Tennessee Department of Health**  
Term: July 1, 2020-June 30, 2021  
Amount: \$725,200
- 2. Public Health Emergency Preparedness and Crisis Response Grant from the Tennessee Department of Health**  
Term: March 16, 2020-March 15, 2021  
Amount: \$86,400
- 3. Safety Net Grant from Friends of MACC**  
Term: NA  
Amount: \$20,000
- 4. Field Service Grant from Friends of MACC**  
Term: NA  
Amount: \$3,700
- 5. Certified Application Counselor Designated Organization Contract with Centers for Medicare and Medicaid Services**  
Term: Execution + 2 years  
Amount: NA
- 6. Hi-Impact Substance Misuse Epidemic Response Grant from the Tennessee Department of Health**  
Term: September 1, 2020-August 31, 2021  
Amount: 736,900
- 7. Metro Nashville Public Schools Point of Delivery MOU**  
Term: Execution + 5 years  
Amount: NA

- 8. Voluntary Acknowledgement of Paternity Delegated Authority Contract with the Tennessee Department of Human Services**  
Term: July 1, 2020-June 30, 2021  
Amount: \$20 per acknowledgement
- 9. Teletask Software Agreement Contract with Teletask**  
Term: Execution + 5 years  
Amount: \$450-\$15,000 a year, amount varies depending on number of messages
- 10. Teletask Business Associate Agreement Contract with Teletask**  
Term: Execution + 5 years  
Amount: NA
- 11. Data Sharing Contract with Centerstone**  
Term: Execution + 5 years  
Amount: NA
- 12. Overdose Response Contract with Mental Health Cooperative**  
Term: September 1, 2020-August 31, 2021  
Amount: \$164,700

**Ms. Etherington made a motion to approve the grants and contracts. Vice-Chair Franklin seconded the motion, which passed unanimously.**

#### **Report of Chair and Discussion**

Chair Jahangir said that Nashville has begun to turn a corner regarding COVID infections and rates, and he thanked Board members for approving the mask mandate order.

Dr. Jahangir assured the Board that the proposed Metro Charter amendments that the Board had approved previously would move forward. The process had paused due to the pandemic.

Chair Jahangir left the meeting after turning the gavel to Vice-Chair Franklin.

#### **Report of Director**

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

Additionally, Dr. Caldwell:

- He is updating the organizational chart and he and Dr. Bailey are creating a Strategic Planning and Performance unit, as well as an Epidemiological unit. He has solicited input on the organizational structure from the ELT and will solicit input from the staff at large soon;
- Recent media attention has turned to mask and order enforcement, and Mayor Cooper is responding strongly and he is creating a structure and process to be more effective in strategies to increase compliance;
- He is working with Metro Legal to prepare and issue Public Health Order 10, which will address alcohol usage and sales in certain areas;
- He asked Dr. Shaw-KaiKai to provide a brief update about the Teletask technology to help with contact tracing. She introduced Jordan Moody, MA, CDC Public Health Associate, who has played a vital role in contact tracing and COVID response, and who provided a brief explanation of how the Department utilizes Teletask to communicate more effectively with clients.

#### **Review of Board Requests**

- The requests from the July meeting were reviewed; Dr. Caldwell said he would provide written feedback regarding the Siloam community health workers question.
- Ms. Etherington requested an update from the School Health Program.
- Vice-Chair Franklin asked for a presentation on the contact tracing process in schools.

- Dr. Campbell requested continuing reports regarding the opioid epidemic.
- Vice-Chair Franklin requested an update from Dr. Caldwell regarding his onboarding goals to the Department. Dr. Caldwell advised that he has completed the majority of required trainings; is working on the accreditation process, and the foundational tools and structure to move forward with the Strategic Planning and Performance and Epidemiology units, and designing the organizational structure with input from staff and ELT over the next month.

### **Other Business**

Ms. Etherington thanked Joe Cottle and Nick Richards for their help in resolving various technical issues, and thanked Sarakay Johnson for the COVID situation reports.

**Dr. Campbell made a motion to adjourn the regular meeting. Mr. Frederick seconded the motion, which passed unanimously.**

### **CIVIL SERVICE BOARD**

Vice-Chair Franklin called the Civil Service Board session to order.

#### **Approval of Temporary Amendment to Civil Service Rule 5.6 (A) Sick Leave Policy**

Jim Diamond presented a recommendation from the Department to temporarily amend Civil Service Rule 5.6 (A) Sick Leave Policy (Attachment V).

**Ms. Etherington made a motion to approve the temporary amendment of Civil Service Rule 5.6 (A) Sick Leave Policy. Mr. Frederick seconded the motion, which passed unanimously.-**

### **Personnel Changes**

Jim Diamond presented the July 2020 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, September 10, 2020 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209, if social distance restrictions are not in place.

### **Adjournment**

**Mr. Frederick made a motion to adjourn the Civil Service Board meeting. Dr. Smith seconded the motion, which passed unanimously.**

The meeting adjourned at approximately 6:09 p.m.

A. Alex Jahangir, MD, MMHC, FACS  
Chair

MOTION TO ORDER THE BOARD OF HEALTH MEETING TO OCCUR ON  
AUGUST 6, 2020 RATHER THAN THE SECOND THURSDAY OF THE MONTH,  
AND TO APPROVE CONDUCTING MEETING BY ELECTRONIC MEANS

I move that:

1. This Board conduct its regular meeting today, August 6, 2020, rather than on the second Thursday in August;
2. The items on the meeting agenda constitute essential business of this Board;
3. Meeting electronically is necessary to protect the health, safety, and welfare of Tennesseans considering the COVID-19 outbreak; and
4. Any rule conflicting with the Governor's Executive orders permitting electronic meetings shall be suspended.

# UPDATE: DRUG OVERDOSE EPIDEMIC DAVIDSON COUNTY, TENNESSEE

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**Presentation to the Board of Health  
August 6, 2020**

# Update: Drug Overdose Epidemic in Davidson County, TN

## Monthly Update to the Board of Health

### Update: Drug Overdose Epidemic in Davidson County, TN August 2020

**I. Data**  
 In 2019, Davidson County observed the highest number of fatal drug overdoses (468) on record.  
 In 2020, there have been 359 fatal drug overdoses at the time of this report.

- Fatal Drug Overdoses
  - Compared to the same time last year, fatal drug overdoses have increased by 40% and are on pace to eclipse 600 drug overdose deaths in 2020.
  - Fentanyl has become increasingly present in toxicology reports and is involved in 75% of fatal drug overdoses this year.
- Nonfatal Drug Overdose Emergency Department (ED) Visits
  - Compared to the same time last year, nonfatal drug overdose ED visits have increased by 31%.
- Suspected Drug Overdoses
  - Compared to the same time last year, suspected drug overdoses requiring response by the Nashville Fire Department EMS have increased by 42%.
  - The number of doses of naloxone per patient has increased over the last several months.

**II. Interventions/Activities/Collaborations**  
 U.S. Department of Justice Comprehensive Opioid Abuse Site-based Program (GOAP) Grant  
 - MPHJ is currently seeking to fill the Program Coordinator position

TDH-CDC High Impact Area (HIA) Grant  
 - MPHJ is currently seeking to fill Epidemiologist 1 and Program Coordinator positions  
 - Grant will also fund positions with the Nashville Fire Department EMS and Mental Health Cooperative for post-overdose follow-up interventions

Acute Overdose Response Plan  
 - Currently finalizing the plan which includes communicating an acute overdose event to internal/external partners.

Overdose Detection Mapping Application Program (ODMAP)  
 - Implemented in June 2020 and will bolster community surveillance of drug overdose activity.

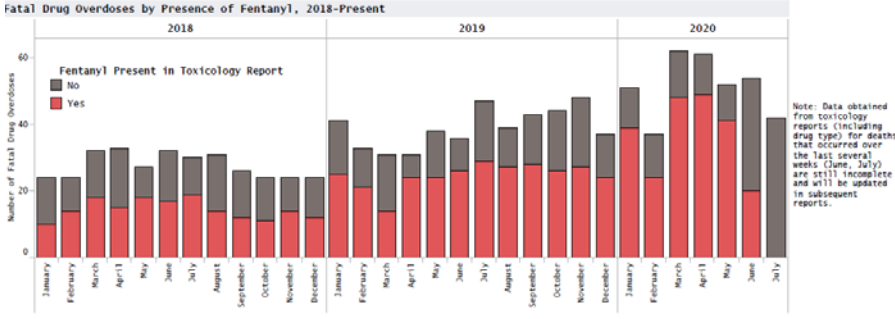
Appalachian High Intensity Drug Trafficking Area (HIDTA)  
 - Collaborating with this group to identify additional resources and potential drug trends/usage data

Nashville Drug Overdose Surveillance System  
 - To enhance drug overdose surveillance, MPHJ has identified and integrated multiple data sources.

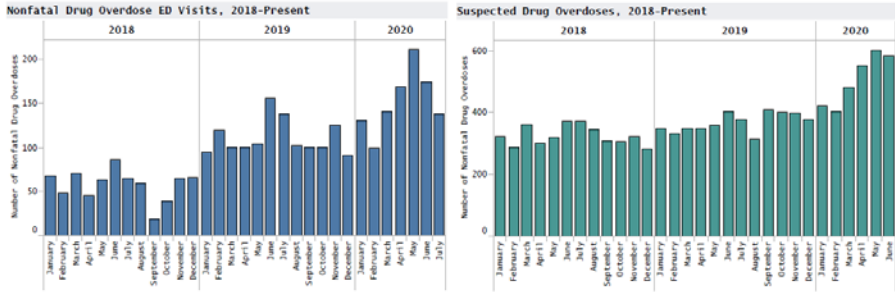
Fatal Drug Overdose	Month	2019		2020	
		Number of Records	% Difference from Previous Year	Number of Records	% Difference from Previous Year
Fatal Drug Overdose	January	41	70.8%	51	24.4%
	February	33	37.5%	37	12.1%
	March	31	-3.1%	62	100.0%
	April	31	-6.1%	61	96.8%
	May	38	40.7%	52	36.8%
	June	36	12.5%	54	50.0%
	July	47	56.7%	42	-10.6%
<b>Total</b>		<b>257</b>	<b>27.2%</b>	<b>359</b>	<b>39.7%</b>
Nonfatal Drug Overdose ED Visit	January	94	40.3%	131	39.4%
	February	119	142.9%	100	-16.0%
	March	101	42.3%	141	39.6%
	April	101	119.6%	169	67.3%
	May	104	65.1%	212	103.8%
	June	156	81.4%	174	11.5%
	July	138	112.3%	138	0.0%
<b>Total</b>		<b>813</b>	<b>81.9%</b>	<b>1,065</b>	<b>31.0%</b>
Suspected Drug Overdose	January	349	8.7%	421	20.6%
	February	333	15.2%	404	21.3%
	March	349	-4.1%	481	37.8%
	April	349	15.9%	551	57.9%
	May	359	12.9%	603	68.0%
	June	405	8.9%	584	44.2%
	July	378	1.9%	539	42.6%
<b>Total</b>		<b>2,522</b>	<b>8.0%</b>	<b>3,583</b>	<b>42.1%</b>

Note: Data presented in this report were extracted on July 30, 2020 and are provisional. There may be additional fatal/nonfatal drug overdoses reported over this time period in subsequent reports as incidents that occurred during the month of July 2020 are not yet finalized.

### Update: Drug Overdose Epidemic in Davidson County, TN August 2020



Note: Data obtained from toxicology reports (including drug type) for deaths that occurs over the last several weeks (June, July) are still incomplete and will be updated in subsequent reports.

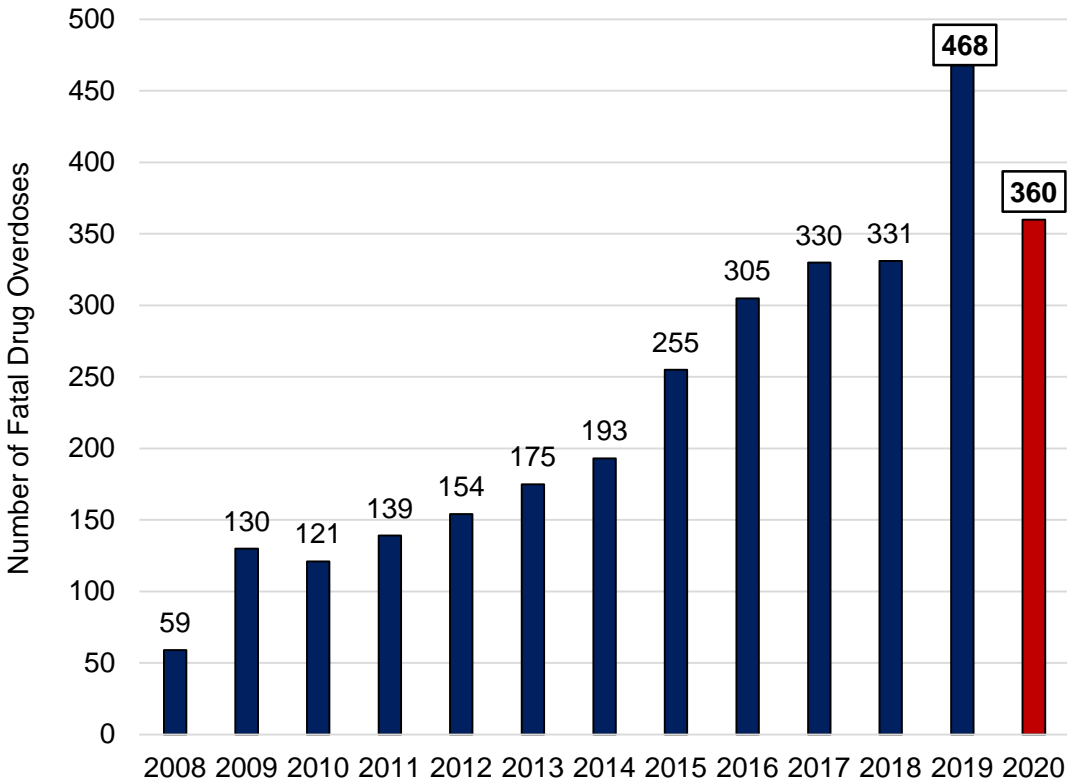


# Drug Overdose Trends – Fatal Drug Overdoses

Source: Davidson County Medical Examiner

- 2019: 468 fatal drug overdoses
- January-July 2020: 360 fatal drug overdoses
- January-July: Increased by 40% compared to 2019
- Set to surpass 600 drug overdose deaths in 2020
- Fentanyl has been reported in 75% of fatal drug overdoses this year.

### Fatal Drug Overdoses, 2008-July 2020 Davidson County, Tennessee



Note: Data presented for 2020 are provisional at this time and subject to change.

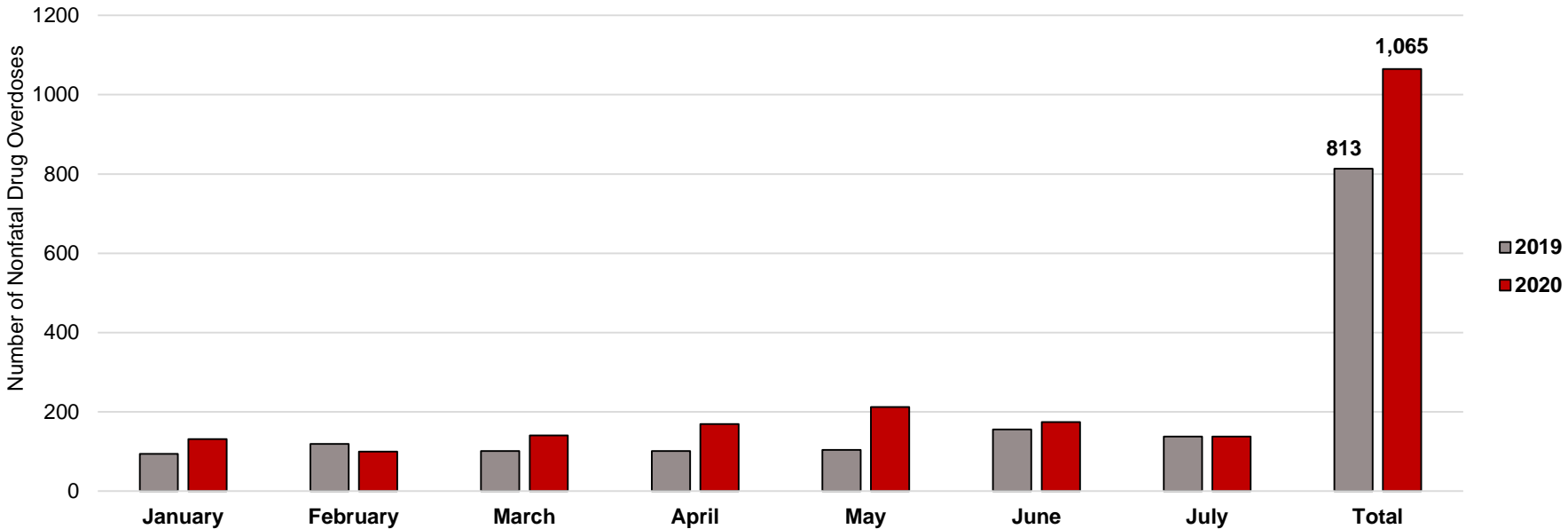


# Drug Overdose Trends – Nonfatal Overdose ED Visits

Source: ESSENCE-TN

- January-July: Increased by 31% compared to 2019

**Nonfatal Drug Overdose ED Visits, 2019-2020**  
**Davidson County, Tennessee**



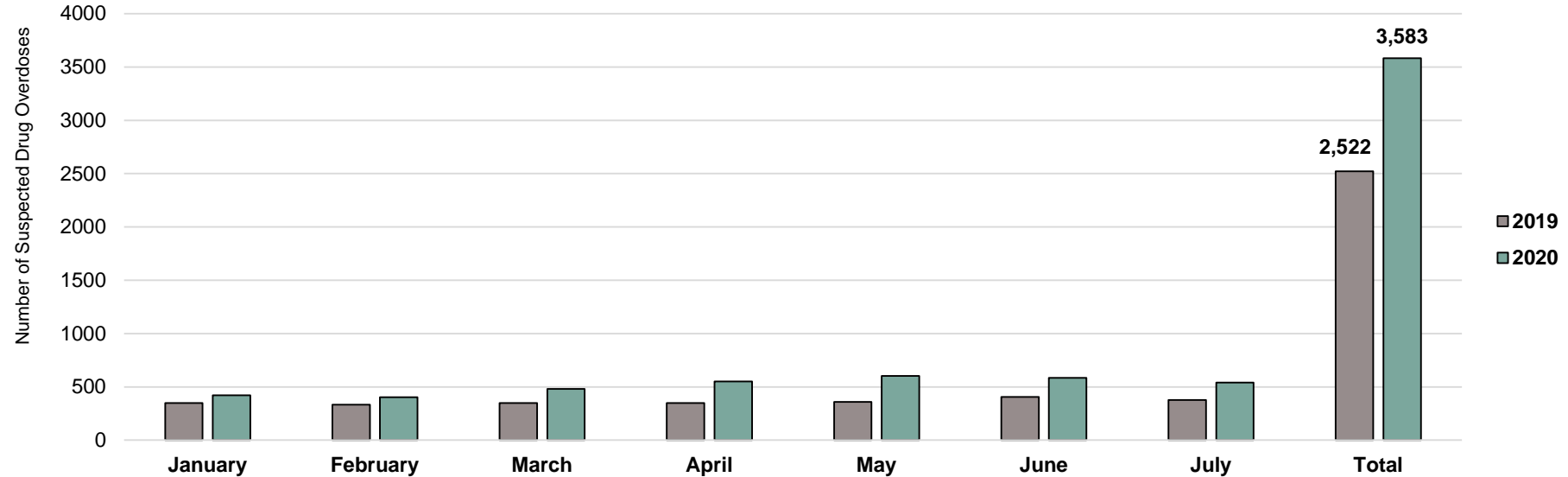
*Note: Data presented for 2020 are provisional at this time and subject to change.*

# Drug Overdose Trends – Suspected Drug Overdoses

Source: Nashville Fire Department EMS

- Increased by 42% compared to 2019
- Additionally, the number of doses of naloxone per patient has increased over the last several months.

**Suspected Drug Overdoses, 2019-2020  
Davidson County, Tennessee**



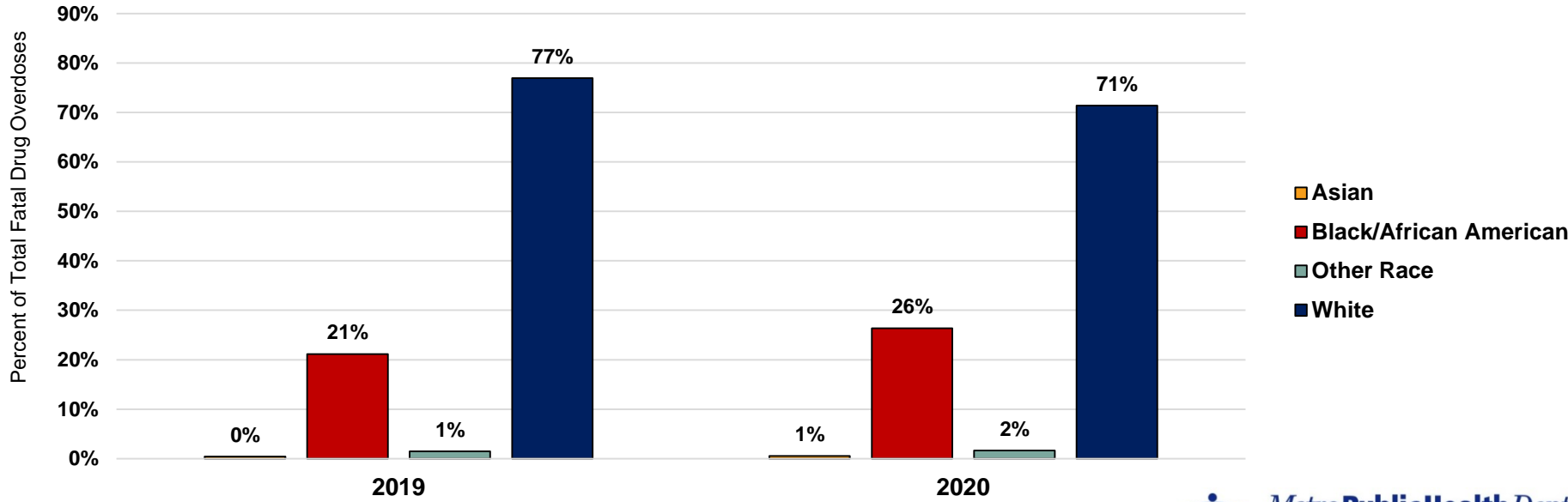
*Note: Data presented for 2020 are provisional at this time and subject to change.*

# Drug Overdose Trends – Race

## Fatal Drug Overdoses – 2020

- 71% of deaths among white population; 26% among Black/African American population

Fatal Drug Overdoses by Race, 2019-2020  
Davidson County, Tennessee



Note: Data presented for 2020 are provisional at this time and subject to change.

# Initiatives/Programs/Activities

## Grants:

### **Comprehensive Opioid Abuse Program (COAP) - U.S. Department of Justice / BJA**

- Initiate a Fatal Overdose Review Panel
- Facilitate regular overdose response stakeholder meetings
- Carry out surveillance and reporting to inform overdose response

### **Data to Action - “High Impact Area (HIA)” - TDH-CDC**

- Facilitate regular overdose response multi-sector meetings across Davidson and three additional counties (Cheatham, Montgomery and Rutherford)
- Carry out overdose surveillance and reporting on overdose activity across the three additional counties
- MPHD clinics a new position will identify individuals living with Substance Use Disorder (SUD) and make referrals to treatment
- Positions with the Nashville Fire Department EMS and Mental Health Cooperative for post-overdose follow-up interventions

## Initiatives/Programs/Activities

- **Acute Overdose Response Plan**
- **Overdose Detection Mapping Application Program (ODMAP)**
- **Davidson County Drug Overdose Surveillance System**
- **Partnerships and stakeholders - Appalachian High Intensity Drug Trafficking Area (HIDTA) / CDC Foundation / TBI and others**



# Behavioral Health and Wellness Advisory Council

## Established in May 2018

- Develop Behavioral Health Priorities for Metro
- Promote public/private collaboration
- Serve an advisory function to the Mayor's Office and Metro government

## **COVID-19 Behavioral Health Needs and Response Recommendations: Overdose Related Priority**

Stem the tide of rising fatal overdoses and adults in crisis due to chronic mental illness and substance use disorder exacerbated by the pandemic, social distancing requirements and economic downturn

## Behavioral Health and Wellness Advisory Council

# COVID-19 Overdose Related Recommendations

- Crisis Care/Detox Services
- Prevention and Access to Naloxone





# Program Information

If you have any questions, please contact:

**Trevor Henderson | Opioid/Overdose Response and Reduction Program Director**

Opioid/Overdose Response and Reduction Program

Division of Behavioral Health and Wellness

Metro Public Health Department of Nashville/Davidson County

Email: [trevor.henderson@nashville.gov](mailto:trevor.henderson@nashville.gov)

Phone: 615-340-0392

**Josh Love, MPH | Epidemiologist**

Opioid/Overdose Response and Reduction Program

Division of Behavioral Health and Wellness

Metro Public Health Department of Nashville/Davidson County

Email: [josh.love@nashville.gov](mailto:josh.love@nashville.gov)

Phone: 615-210-2171

**MPHD Website – Drug Overdose Information**

<https://www.nashville.gov/Health-Department/Drug-Overdose-Information.aspx>



**John Cooper, Mayor**  
**Metropolitan Nashville & Davidson County**

**Stephen P. Martini, Director**  
**Department of Emergency Communications**

Thursday, July 16, 2020

RE: Interim Solution for Identifying Addresses and Persons Confirmed Covid-19 Positive

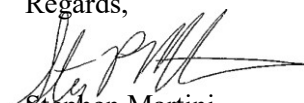
ATTN: Dr. T. Campbell, Dr. M. Caldwell, M. Binkley

Following a discussion on Thursday, July 16, 2020, with members of the Metro Nashville Public Health Board, the following interim solution is proposed to identify the addresses and persons confirmed positive for Covid-19 until a long-term solution can be configured, tested, and implemented.

Solution 1: The Address: The Health Department provides daily a database of Covid-19 positive patients and associated addresses to the IT Division of the Metro Nashville Police Department. The MNPd IT Division scrubs this data to remove duplicate names and addresses from previous reports and correct any misspelled addresses to align with the address database within the Computer Aided Dispatch System managed by the Metro Nashville Department of Emergency Communications. The MNPd IT Division provides the cleaned data to the DEC, then deletes that clean data from their system without retaining the data or entering any portion of the data within any MNPd software applications. The DEC enters the addresses into the Computer Aided Dispatch system as alerts on individual addresses, slated to expire and automatically delete after 30 days assuming no reinfection at that address occurs. This information is communicated to all responders – law enforcement, fire and EMS – only when an incident requires responders to be dispatched to a location where a Covid-19 positive patient resides. No identifying patient information will be included or relayed to responders as part of this solution.

Solution 2: The Person: Upon receipt of this daily cleaned database from MNPd IT Division, the DEC will make available to law enforcement radio dispatchers the list of individuals who have actively tested positive for Covid-19. Officers, at the time they are prepared to transport an individual from a scene, will inquire of the radio dispatcher whether the name of the person they are transporting appears on the latest Covid-19 positive persons list, provided by the Health Department daily. Radio dispatchers will attempt to confirm the identity of the individual being transported utilizing driver's license number, social security number or other individually identifying information so law enforcement may make the most appropriate transport decision. This solution assumes a small amount of risk, as the accuracy of the name provided relies solely on the information provided to law enforcement by the individual, which could result in a failure to identify a Covid-19 positive patient if the identify provided does not exactly match the name listed in the database.

Regards,

  
Stephen Martini  
Director

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

### Protecting Health – Preventing the Spread of Infectious Disease

#### COVID

##### Status

As of Monday there had been 21,997 COVID-19 cases reported in Davidson County. MPH D had monitored 7,377 contacts. There were still 5,506 active cases. There have been 190 deaths since the outbreak began. There have been 175,927 tests done for country residents.

- The free mask program has transferred its drive-through operations from Lentz to community centers operated by Metro Parks.
- Hotline
- Results line
- Assessment Centers
- Enforcement:

Dr. Caldwell, Tom Sharp, Hugh Atkins, and Katie Stone from MPH D participated in a meeting at the Mayor's Office on August 4 to develop a coordinated plan for enforcing the Orders of the Chief Medical Director. Kristin Wilson with the Mayor's Office moderated the meeting that also included representatives from the District Attorney's office, Metro Legal, Metro Nashville Police Department, Codes, Metro Transportation Licensing Commission, the Metro Beer Board. Bill Phillips and Benjamin Eagles with the Mayor's Office also were in attendance.

It was decided that MNPD would conduct field enforcement activities and write citations related to business closures, the mask mandate, party barges, and gatherings. Metro Public Health is to provide 24/7 on-call technical assistance to MNPD; if MNPD needs an interpretation of an Order, then they will contact the on-call person at MPH D. The Transportation License Commission will write citations on the party barges they regulate and may expand their scope under an MOU with us, per the guidance of the Legal department. The Beer Board will continue to help at establishments they regulate. Hopefully, this procedure will provide more real-time enforcement of the Orders.

The group is to reconvene tomorrow to ensure all aspects of the enforcement procedure are in place heading into the weekend.

### Improving Health - Services to Individuals & Families

#### Back to Back to School

We continue to offer extended hours through August 14 at all three clinic locations for back-to-school immunizations. The Clinical Services Leadership team also is making plans to adjust for additional staffing needs when students return to in-person classes as we will most likely see additional students at that time.

## **School Nurses**

The school nurses returned last week for their annual in-service trainings and began virtual school on Tuesday. They are focused on implementing emergency care plans for students who need them, contacting parents of students they serve, and returning to their schools to get their clinics in order. All school nurses received training in contact tracing last week so that they may serve as the first point of contact if a COVID case arises in their schools.

## **YRBS**

The 2019 Youth Risk Behavior Survey Summary reports are now complete and embargoed for distribution until Metro Nashville Public Schools gives clearance for the report release.

## **Vital Records**

With the State's Office of Vital Records closed to walk-in customers since the beginning of the pandemic, MPHD's Medical/Vital Records division has remained open to provide in-person services for walk-in customers. While Back to School time is always busy in Medical/Vital Records, we have seen an increase in requests for birth certificates in the last few weeks above the normal back to school rush. Our staff is managing the increased traffic, even staging some customers in the hallway to prevent overcrowding in the waiting area.

## **Improving Health – Access & Care Coordination**

### **Correctional Healthcare**

Due to a surprise announcement by Core Civic that it would not renew its contract to operate the state prison in Davidson County, we are working with the Davidson County Sheriff's office to get a healthcare contract in place before the transfer of management on Oct. 4.

As a result Occupational Health and Wellness is doing 200 additional physicals for DCSO staff who will be in the transferred facility. You soon will see either an additional contract or an amendment to the existing contract to cover the funding contingencies for this new arrangement.

### **Enrollment**

The Presumptive Eligibility Program staff enrolled 1,486 pregnant women into TennCare and CoverKids during the fiscal year just concluded. This was done even with restrictions on face-to-face enrollment during the COVID-19 outbreak. Staff have been completing the application process telephonically since March.

### **BHWAC**

The Behavioral Health and Wellness Advisory Council developed a COVID -19 Behavioral Health Needs and Recommendations document which has been shared with the Mayor's Office.

## **Improving Health – Community Partnerships Organizational Updates**

### **Red Sand Day**

Staff completed events for Red Sand day last week at South Nutrition, East, Woodbine and Lentz in a socially distant way. This event is to create a visual representation of people who are “falling through the cracks” in identification of human trafficking. We had over 200 staff and families participate in the events over the course of the four days.

### **Staff With Children in School**

The HR department has begun looking for ways to help staff navigate the certainty of at least a month of virtual school, at least for MNPS, and the possibility it will go longer than that. We sent a memo to the staff on July 17 to voluntarily self-identify as having school-aged children who could not self-supervise during an on-line school period. Those staff members who did so were sent a form to collect details and by the end of the month we had just under 80 replies from employees with school children in Davidson or surrounding counties. We provided the respondents information from the state, MNPS and the YMCA concerning available, licensed and/or approved childcare facilities in all ten counties.

HR further surveyed the employees on their ability to work remotely. If they were able to work out an alternative work situation with their supervisor they were considered “Good For Now.” Approximately 60% of responders have indicated they are in this category. The others either acknowledged that their jobs are not conducive to telecommuting or advised us they needed help sorting out an alternative work plan with their supervisors. We have been working through the list of those who need help with their supervisors. By and large our supervisory staff have either already recognized the need for an alternative work schedule (many were already working things out even before we sent out the July 17 memo) or were actively participating with the employees to find a workable solution.

**I. Data**

In 2019, Davidson County observed the highest number of fatal drug overdoses (468) on record.

In 2020, there have been 359 fatal drug overdoses at the time of this report.

**Fatal Drug Overdoses**

- Compared to the same time last year, fatal drug overdoses have increased by 40% and are on pace to eclipse 600 drug overdose deaths in 2020.
- Fentanyl has become increasingly present in toxicology reports and is involved in 75% of fatal drug overdoses this year.

**Nonfatal Drug Overdose Emergency Department (ED) Visits**

- Compared to the same time last year, nonfatal drug overdose ED visits have increased by 31%.

**Suspected Drug Overdoses**

- Compared to the same time last year, suspected drug overdoses requiring response by the Nashville Fire Department EMS have increased by 42%.
- The number of doses of naloxone per patient has increased over the last several months.

**II. Interventions/Activities/Collaborations**

**U.S. Department of Justice Comprehensive Opioid Abuse Site-based Program (COAP) Grant**

- MPH is currently seeking to fill the Program Coordinator position

**TDH-CDC High Impact Area (HIA) Grant**

- MPH is currently seeking to fill Epidemiologist 1 and Program Coordinator positions
- Grant will also fund positions with the Nashville Fire Department EMS and Mental Health Cooperative for post-overdose follow-up interventions

**Acute Overdose Response Plan**

- Currently finalizing the plan which includes communicating an acute overdose event to internal/external partners.

**Overdose Detection Mapping Application Program (ODMAP)**

- Implemented in June 2020 and will bolster community surveillance of drug overdose activity

**Appalachian High Intensity Drug Trafficking Area (HIDTA)**

- Collaborating with this group to identify additional resources and potential drug trends/seizure data

**Nashville Drug Overdose Surveillance System**

- To enhance drug overdose surveillance, MPH has identified and integrated multiple data sources.

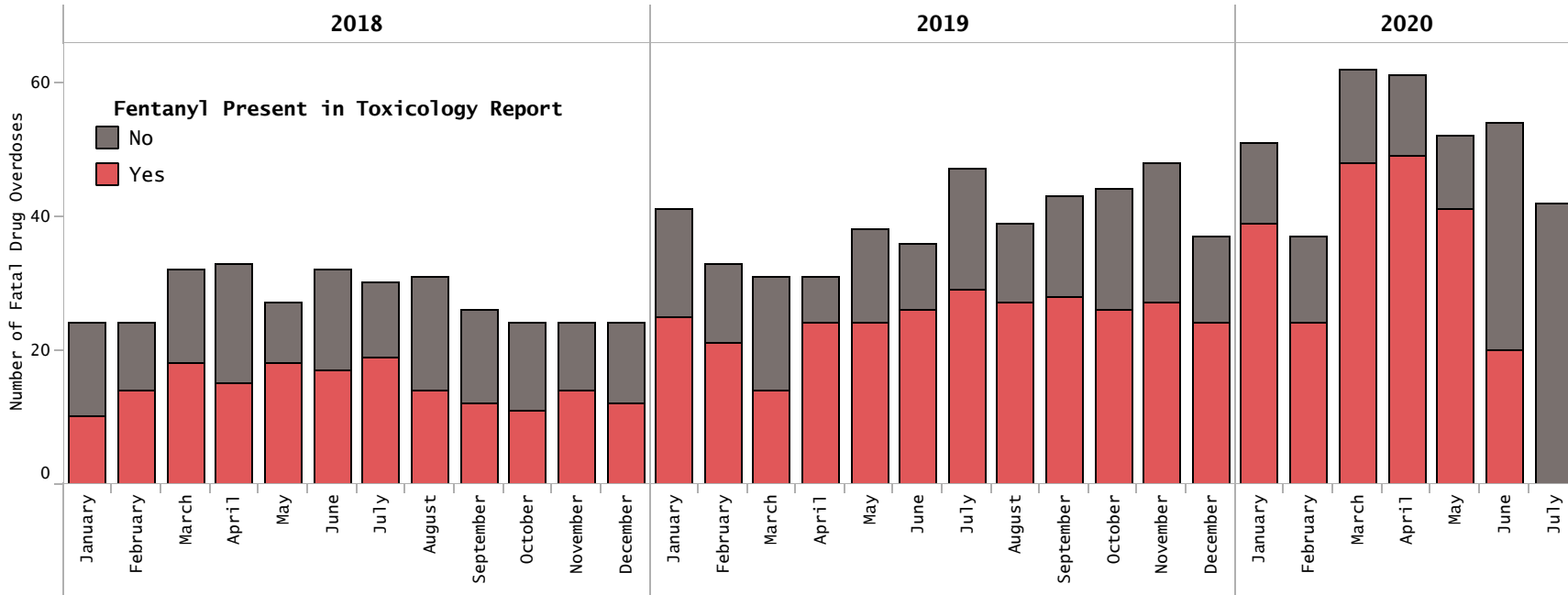
**Fatal and Nonfatal Drug Overdoses by Month, 2019-2020**

		2019		2020	
		Number of Records	% Difference from Previous Year	Number of Records	% Difference from Previous Year
<b>Fatal Drug OD</b>	January	41	70.8%	51	24.4%
	February	33	37.5%	37	12.1%
	March	31	-3.1%	62	100.0%
	April	31	-6.1%	61	96.8%
	May	38	40.7%	52	36.8%
	June	36	12.5%	54	50.0%
	July	47	56.7%	42	-10.6%
	<b>Total</b>	<b>257</b>	<b>27.2%</b>	<b>359</b>	<b>39.7%</b>
<b>Nonfatal Drug Overdose ED Visit</b>	January	94	40.3%	131	39.4%
	February	119	142.9%	100	-16.0%
	March	101	42.3%	141	39.6%
	April	101	119.6%	169	67.3%
	May	104	65.1%	212	103.8%
	June	156	81.4%	174	11.5%
	July	138	112.3%	138	0.0%
	<b>Total</b>	<b>813</b>	<b>81.9%</b>	<b>1,065</b>	<b>31.0%</b>
<b>Suspected Drug OD</b>	January	349	8.7%	421	20.6%
	February	333	15.2%	404	21.3%
	March	349	-4.1%	481	37.8%
	April	349	15.9%	551	57.9%
	May	359	12.9%	603	68.0%
	June	405	8.9%	584	44.2%
	July	378	1.9%	539	42.6%
	<b>Total</b>	<b>2,522</b>	<b>8.0%</b>	<b>3,583</b>	<b>42.1%</b>

**Note: Data presented in this report were extracted on July 30, 2020 and are provisional. There may be additional fatal/nonfatal drug overdoses reported over this time period in subsequent reports as incidents that occurred during the month of July 2020 are not yet finalized.**

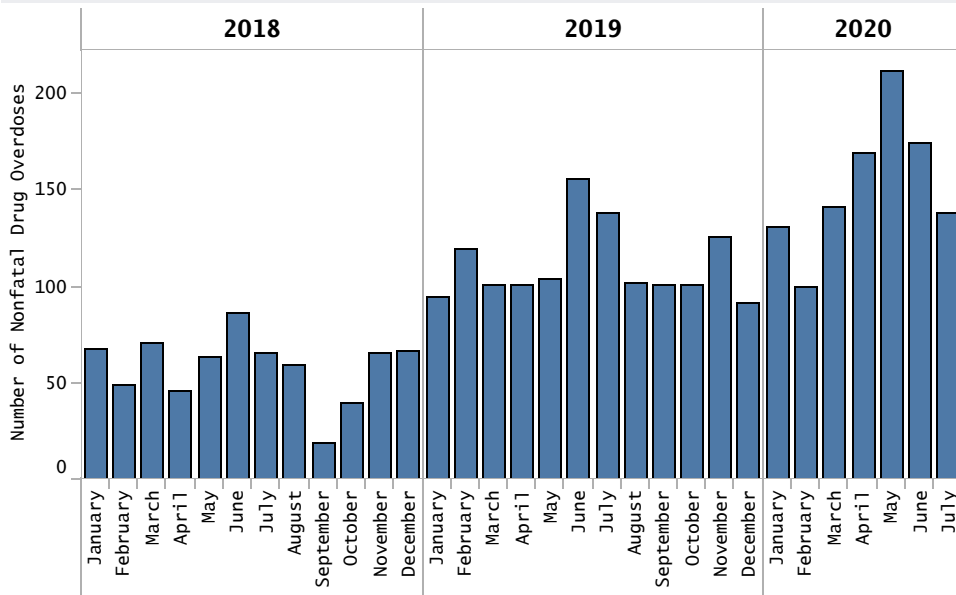
# Update: Drug Overdose Epidemic in Davidson County, TN August 2020

Fatal Drug Overdoses by Presence of Fentanyl, 2018-Present

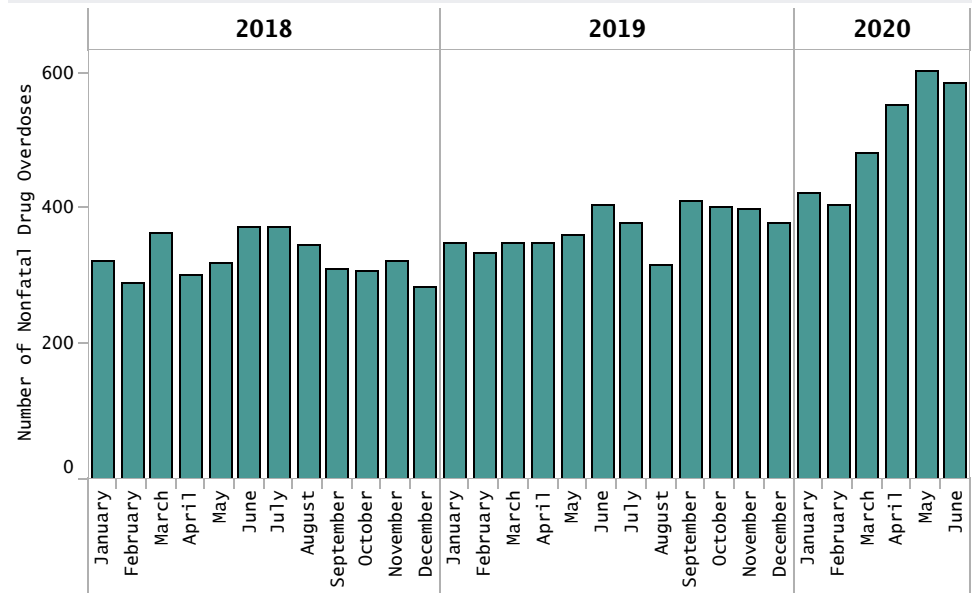


Note: Data obtained from toxicology reports (including drug type) for deaths that occurred over the last several weeks (June, July) are still incomplete and will be updated in subsequent reports.

Nonfatal Drug Overdose ED Visits, 2018-Present



Suspected Drug Overdoses, 2018-Present



**Update: Drug Overdose Epidemic in Davidson County, TN**  
**August 2020**

If you have any questions, please contact:

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**MPHD Website - Drug Overdose Information**

<https://www.nashville.gov/Health-Department/Drug-Overdose-Information.aspx>

**Data Sources**

**Fatal Drug Overdoses**

Davidson County Medical Examiner

**Nonfatal Drug Overdose ED Visits**

ESSENCE-TN

**Suspected Drug Overdoses**

Nashville Fire Department EMS



PROPOSED TEMPORARY AMENDMENT TO MPHD CS RULE 5.6 (A)

**5.6 SICK LEAVE**

**A. POLICY**

Sick leave shall be considered a benefit and privilege and not a right. An employee may utilize his/her sick leave allowance for absences due to his/her own illness, condition, non-occupational injury or illness, or possible development or existence of a contagious disease endangering the health of other employees. Sick leave may be used for appointments with a licensed health professional.

Sick leave may also be used for absences due to illness, injury, condition, contagious disease, or licensed health professional appointment of a spouse, parent, child or domestic partner who lives in the employee's household or for whom the employee is the primary caregiver as well as provisions specified in Section 5.14 (Maternity, Paternity, and Adoption Leave).

When appropriate, a partial sick day shall be used rather than a full day. Any planned use of sick leave (such as for a doctor's appointment) must have prior approval of the employee's supervisor. Employees who become ill during the period of their vacation leave may request that their vacation leave be temporarily terminated and the period of illness changed to sick leave. Prior to granting or denying the change, the supervisor may request a health professional's statement. No employee may give or loan sick leave to another employee.

**PROPOSED AMENDMENT**

In response to the COVID 19 pandemic, Congress expanded the Family and Medical Leave Act (FMLA) under the Families First Coronavirus Response Act to allow employees unable to work due to their child's COVID-related childcare or school closure to receive expanded paid leave while their child's school is closed or childcare is unavailable at 2/3 of their regular rate of pay not to exceed \$200 per day.

Unless previously exhausted, the first 10 days of emergency paid sick leave will be at the employee's full rate of pay. The law allows employees to request and supplement their pay up to their full regular rate of pay by using vacation, personal, or compensatory time leave they may have available.

The Department is requesting the Board of Health to temporarily amend Civil Service Rule 5.6 (A) to enable employees the ability to use available sick leave in addition to vacation, personal, and compensatory time to supplement their pay up to their full regular rate of pay.

If approved, this temporary amendment will sunset December 31, 2020 unless extended by the Board.