### Metropolitan Board of Health of Nashville and Davidson County October 8, 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 <a href="https://www.nashville.gov/Government/Boards-and-committees/Committee-information/ID/76/Health-Board-of.aspx">https://www.nashville.gov/Government/Boards-and-committees/Committee-information/ID/76/Health-Board-of.aspx</a>.

#### **Present**

A. Alex Jahangir, MD, Chair
Tené H. Franklin, MS, Vice-Chair
Carol Etherington, MSN, RN, Member
Thomas W. Campbell, MD, Member
David A. Frederick, MS, Member
Calvin M. Smith III, MD, Member
Michael C Caldwell MD MPH, Director of Health
Jim Diamond, MBA, Director, Finance and Administration Bureau
Julie Fitzgerald Thacker, M.Ed., Senior Health Strategist
Celia Larson, PhD, Director, Office of Strategic Planning, Performance, and Evaluation
Gill C. Wright III MD, Associate Medical Director
Tina Lester, MSN, RN, Director of Population Health Bureau
Keith Durbin, CMA, MS.PSM, Metro Chief Information Officer and Director of IT Services
Stephen Martini, Director of the Office of Emergency Communications
John Singleton, Director of Information Technology, Metro Nashville Police Department

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

Derrick Smith, JD, Metropolitan Department of Law

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

Mr. Smith noted that Governor Lee's Executive Order required a roll call vote for each vote.

#### Approval of September 10, 2020 Regular Meeting Minutes

Ms. Etherington made a motion to approve the September 10, 2020, regular meeting minutes as submitted. Vice-Chair Franklin seconded the motion, which passed unanimously.

#### **Approval of Letter to Marilyn Gregory Family**

Ms. Etherington presented a letter of condolence she had drafted on behalf of the Board to the family of long-time employee Marilyn Gregory, who had passed recently (Attachment II).

Mr. Frederick made a motion to approve the letter of condolence to the family of Marilyn Gregory. Vice-Chair Franklin seconded the motion, which passed unanimously.

#### **Ending the HIV Epidemic Update**

Julie Thacker presented an update on the Ending the HIV Epidemic Program (Attachment III).

#### **Other Business**

At Chair Jahangir's invitation, Ms. Etherington explained that she had met with Angie Thompson, Trevor Henderson, and Josh Love to glean a deeper understanding of the department's efforts to combat the opioid epidemic. She applauded their work and encouraged each Board member to meet with them also.

#### **Data Sharing Update**

Keith Durbin, Stephen Martini and John Singleton provided an update on the Data Sharing process. Mr. Durbin advised that he would provide materials related to their update and the Data Sharing Plan proposed by the Task Force led by Dr. Campbell, and which the Board approved July 9, 2020.

#### Strategic Plan, Accreditation, and Organizational Chart Update

Chair Jahangir preceded Dr. Caldwell's update on the Strategic Plan, Accreditation, and Organizational Chart by inviting the Executive Leadership Team to reach out to Board members directly to comment on the proposed changes. He advised that anyone who would like to publicly address the Board at the next Board meeting to inform him, and he would ensure the opportunity. He stressed the Board's desire to hear from them.

Dr. Caldwell invited Dr. Celia Larson to speak to the process of developing a five-year Strategic Plan and she presented a brief overview (Attachment IV).

As he had already provided to the Board and ELT his narrative and a draft organizational chart, Dr. Caldwell invited questions. Additionally, he advised that elements were dependent on the potential referendum as related to the tax increase. Dr. Caldwell thanked the Board for their feedback and agreed the organizational chart would be presented again at the November meeting.

#### **Approval of Grant Applications**

There were no grant applications.

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

Jim Diamond presented eight items for Board review and approval.

#### 1. Hill's Pet Nutrition Covid Grant

Term: NA Amount: \$10,000

### 2. Stormwater Permit Compliance Memorandum of Understanding with the Department of Water and Sewerage Services

Term: NA Amount: NA

#### 3. University of Nevada Affiliate Contract

Term: Execution + 5

Amount: \$NA

#### 4. Grant to 4:13 Strong from the COVID 19 Community Partnership Fund

Term: March 1, 2020-December 30, 2020

Amount: \$28,000

#### 5. Grant to Metal Health Cooperative from the COVID 19 Community Partnership Fund

Term: March 1, 2020-December 30, 2020

Amount: \$55,200

#### 6. Grant to the Nashville Food Project from the COVID 19 Community Partnership Fund

Term: March 1, 2020-December 30, 2020

Amount: \$50,000

#### 7. Grant to Siloam Health from the COVID 19 Community Partnership Fund

Term: March 1, 2020-December 30, 2020

Amount: \$16,800

#### 8. Grant to the Trevecca Nazarene University from the COVID 19 Community Partnership Fund

Term: March 1, 2020-December 30, 2020

Amount: \$50.000

Mr. Frederick made a motion to approve the grants and contracts. Vice-Chair Franklin seconded the motion, which passed unanimously.

#### **Report of Director**

Dr. Caldwell referred to his update provided in the Board packet (Attachment V). Additionally, Dr. Caldwell:

- Invited Dr. Rand Carpenter, the Department's new Chief Epidemiologist, to introduce himself briefly.
- Advised that there are several lawsuits against the Department and himself as Director of Health and also personally, regarding the citations and enforcement of Orders. He agreed to provide details about the various actions.
- Said facemask compliance and other enforcement coordination among 10 Metro agencies has been highly effective. He is pleased that many employees are volunteering for enforcement activities. He invited anyone interested helping with enforcement to volunteer.
- Provided an update on preparations for the October 22 Presidential debate to be held at Belmont University.
- Provided an update on the contract with Clinical Research Associates.
- Provided details about Breast Cancer Awareness month activities and Tina Lester advised she would provide additional details by e-mail.

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

Chair Jahangir thanked the Department staff for their work over the months, and in particular noted that Ashley Harrington is leaving the Department and will be attending the Fire Academy and joining Nashville Fire Department. He thanked her for all her work at Metro Animal Care and Control over the years and wished her well.

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

- Dr. Caldwell will provide an update on the planned implementation of the Data Sharing Process and how each of the five points is being addressed.
- Ending the HIV Epidemic: Data aggregation; outreach to/engagement with college campuses and Music City PrEP
- E-mail locations of work done in Community Partnership grants (where the residents who will be benefitted)
- Information on lawsuits in which the Department or Dr. Caldwell are named/engaged
- Ms. Lester will e-mail an update on Breast Cancer Awareness activities

#### **CIVIL SERVICE BOARD**

#### **Approval of Extension of Administrative Leave**

Jim Diamond requested approval of the extension of administrative leave in a pending disciplinary matter, through October 27, 2020, to allow the hearing officer reasonable time to render a decision.

Mr. Frederick made a motion to approve the extension of administrative leave in a pending disciplinary matter, through October 27, 2020. Ms. Etherington seconded the motion, which passed unanimously.

#### **Personnel Changes**

Jim Diamond presented the September 2020 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, November 12, 2020 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209, if social distance restrictions are not in place.

The meeting adjourned at approximately 6:00 p.m.

A. Alex Jahangir, MD, MMHC, FACS Chair

#### MOTION TO APPROVE CONDUCTING MEETING BY ELECTRONIC MEANS

I move that the items on the meeting agenda constitute essential business of this Board, meeting electronically is necessary to protect the health, safety, and welfare of Tennesseans considering the COVID-19 outbreak, and any conflicting with the Governor's Executive Order permitting electronic meetings be suspended.



Attachment II

ohn Cooper, Mayor

Michael C Caldwell MD MPH
Director

**Board of Health** 

A. Alex Jahangir, MD, MMHC, FACS, Chair Tené Hamilton Franklin, MS, Vice-Chair Thomas W. Campbell, MD Carol Etherington, MSN, RN, FAAN David A. Frederick, MS Calvin M. Smith III, MD

October 8, 2020

Dear Members of the Gregory and Woodruff Families,

We extend our deepest sympathy to each of you in the loss of your loved one, Marilyn Gregory. Marilyn was a remarkable member of the Metro Public Health Department for more than 42 years, and her service to the Department, particularly at East Clinic, will be remembered by her many colleagues and friends for a very long time to come. Even those at MPHD who may not have worked with her directly have learned a great deal of wonderful things about her since her passing. Marilyn was the epitome of an exceptional employee and she is deeply missed by colleagues and patients. A member of the Board of Health spoke with many staff and was humbled to record these comments in tribute to Marilyn and her dedication to others:

- Marilyn lived her life for her family and absolutely adored her grandkids, forever doing something for them or with them, with great pride and pleasure.
- She always checked in with coworkers about how they and their families were doing and had a special interest in pregnant co-workers, predicting the gender of the baby. She kept up with those children long after they were born, routinely asking about them.
- Each morning she greeted staff coming into East; some report that she would inevitably ask with a glint in her eye, "Are you gonna be good today?"
- Not much ever "threw" her. Whatever crises or issues might be brewing, she would cross her arms, smile and lean back in her chair, "rolling with the punches" and "just going with the flow."
- When there was "hubbub" going on, Marilyn would say she wondered what was going on at the "white house," referring to the main office of Lentz.
- She liked to get to the "bottom of things," always wanted to know the "real scoop"— and almost always figured out or found out what it was!
- She was an MPHD historian and could cite history of the past 40 years, and beyond.
- She was truly a fixture and a person loved and revered by those who came to know her, personally and professionally. She was always the 'go to' person.
- Her last year was a rough year and I told her she should retire; her response was, "I have a new young manager and want to be sure she is okay before I retire!"
- That new young manager reports that Marilyn welcomed her and oriented her to the workplace: "She shared important insights, encouraged me and she empowered me."

What a legacy Marilyn Gregory leaves behind! Her memory stands as a testament to her life as an inspiration to others and as an extraordinary MPHD employee serving the Nashville community. Simply put, her life remains a gift to us all.

With sympathy,

A. Alex Jahangir, MD, MMHC Chair Tené Hamilton Franklin, MS Vice-Chair Carol Etherington, MSN, RN

Member

Thomas W. Campbell, MD Member David A. Frederick, MS Member Calvin M. Smith, III, MD

Member



Julie Fitzgerald Thacker

October 8, 2020

### By 2024, Nashville will:

- 1. ENSURE THAT 90% OF NASHVILLE RESIDENTS LIVING WITH HIV KNOW THEIR SEROSTATUS
- 2. DECREASE BY TWO-THIRDS THE NUMBER OF NASHVILLE RESIDENTS WITH NEWLY ACQUIRED HIV
- 3. LINK 90% OF THOSE DIAGNOSED WITH HIV TO CARE WITHIN ONE MONTH OF DIAGNOSIS
- 4. ENGAGE 90% OF PEOPLE DIAGNOSED WITH HIV IN CARE
- 5. ENSURE THAT 90% OF THOSE ENGAGED IN CARE WILL ACHIEVE VIRAL SUPPRESSION
- 6. ELIMINATE DISPARITIES IN HIV OUTCOMES. GOALS WILL BE ACHIEVED AMONG ALL POPULATIONS, REQUIRING GREATER FOCUS ON POPULATIONS DISPROPORTIONATELY IMPACTED BY HIV AND/OR UNEQUALLY REPRESENTED AMONG HEALTH OUTCOMES.

# IMPLEMENTATION APPROACH



Prioritization



Capacity Building



Structure/Collective Impact



Systems Change

## PRIORITIZATION

- Increase knowledge about and utilization of PrEP/ PEP
- 2. Increase availability, accessibility, affordability of PrEP/PEP
- Address and reduce stigma and discrimination of PLWH
- 4. Increase acceptability of HIV testing
- Strengthen re-engagement strategies for PLWH lost to care

## CAPACITY BUILDING







**INFRASTRUCTURE** 

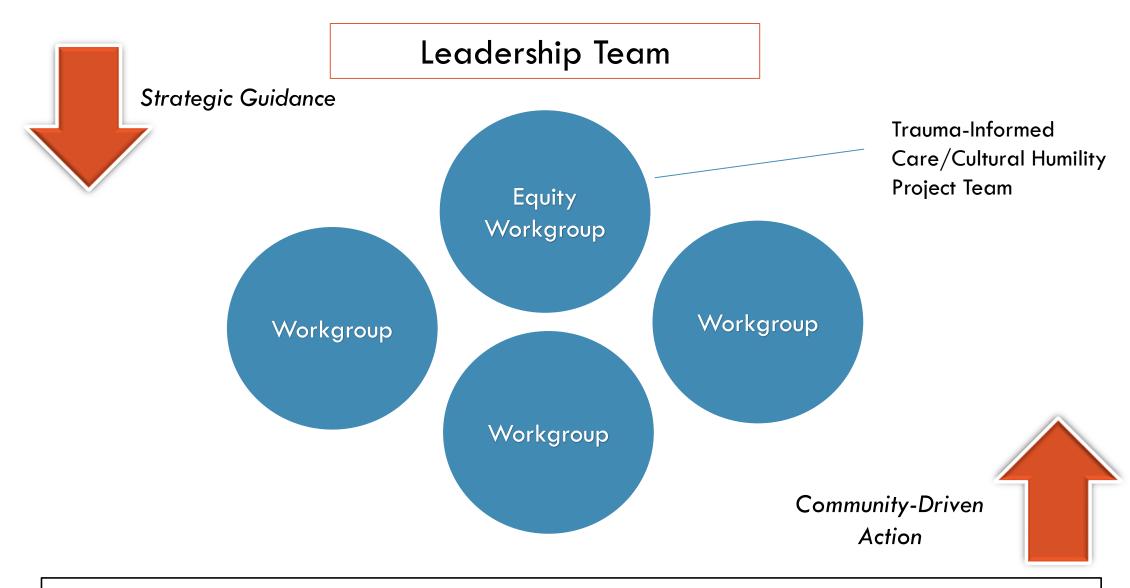


**TRAINING** 



JOB FUNCTIONS

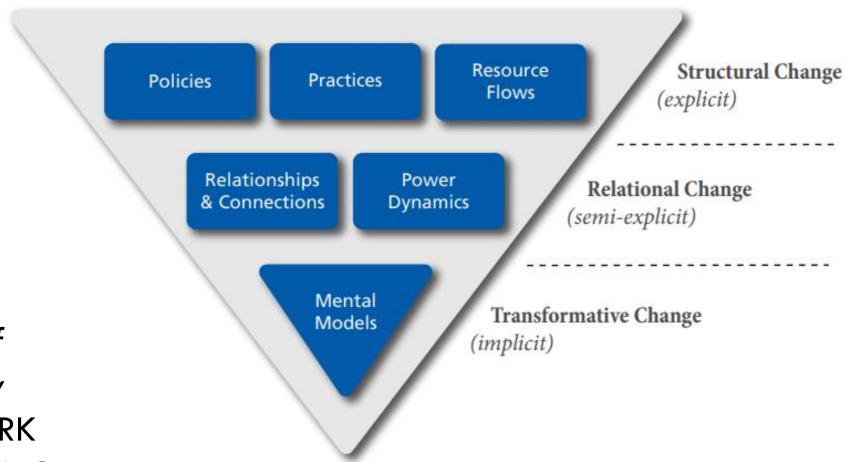
### **Ending the Epidemic Advisory Council**



Ending the Epidemic Plan | Community Priorities

### SHIFTING THE CONDITIONS THAT HOLD THE PROBLEM IN PLACE

### Six Conditions of Systems Change



From The Water of Systems Change by JOHN KANIA, MARK KRAMER, PETER SENGE

## **CURRENT KEY PROJECTS**

- Equity Workgroup defining metrics for inclusion and an equity lens for applying to all EHE projects
- Trauma-Informed Care and Cultural Humility project team assessing facilitators and barriers to implementing TIC/CH interventions in the HIV Care Continuum
- World AIDS Day 2020 Planning Team is meeting to plan several events leading up to WAD 2020: "Let's Talk About It: Know Your Status"
  - Promoting community testing events
  - Creating opportunities to talk about the importance of testing and everyone in Nashville knowing their HIV status

## **CURRENT CHALLENGES**



Testing S



Social Isolation



Capacity

# ACKNOWLEDGEMENTS: ENDING THE HIV EPIDEMIC ADVISORY COUNCIL

Clare Bolds, Co-Chair

DeAnn Bullock, M.D., Co-Chair

Michael Caldwell, M.D.

Brian Haile

James Hildreth, M.D.

Councilmember Sharon Hurt

Sean Kelly, M.D.

Rajeev Mavath, M.D.

**Brady Morris** 

Amna Osman

Traci Patton

Stephen Raffanti, M.D.

Rev. Edwin C. Sanders II

Fahad Tahir

## ACKNOWLEDGEMENTS: EHE LEADERSHIP TEAM

Latoya Alexander Dr. Tiye Link

Anthony Bennici Brian Marshall

Clare Bolds Brady Morris

Lawayne Childry Dr. April Pettit

Jasper Hendricks Tarik Smith

## ACKNOWLEDGEMENTS: EHE EQUITY WORKGROUP

Maria Aboubaker

Dr. Leah Alexander, Co-Chair

Ken Barton

Dr. Lauryn Berner

Clare Bolds

Dr. Lauren Brown

Sally Burgess

Dr. Mekeila Cook

Dana Hughes

Dr. Tiye Link

**Brian Marshall** 

**Brady Morris** 

Courtney Pitts

Quinntana Slaughter

Tarik Smith, Co-Chair

# ACKNOWLEDGEMENTS: TRAUMA-INFORMED CARE AND CULTURAL HUMILITY PROJECT TEAM

Ken Barton

Clare Bolds

Dr. Lauren Brown

Dr. Kari Campbell

Mary Hawkins

**Brad Palmertree** 

Dr. Peter Rebeiro

## QUESTIONS?

## Julie Fitzgerald Thacker, M.Ed.

Senior Health Strategist, Metro Public Health Department 615-340-5326

julie.thacker@nashville.gov

#### Attachment IV

# MPHD STRATEGIC PLAN AND PUBLIC HEALTH ACCREDITATION UPDATE

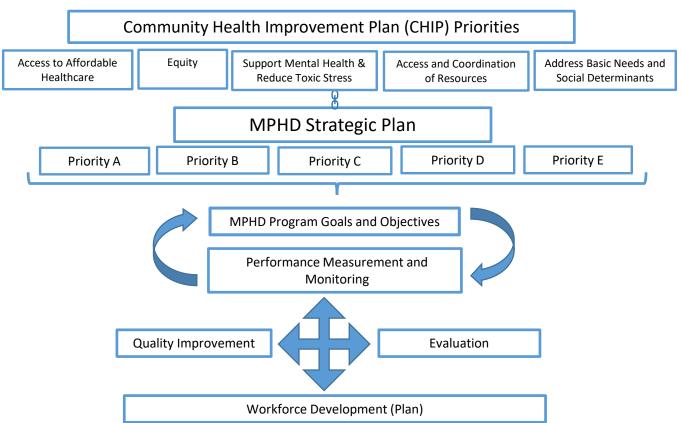
BOARD OF HEALTH OCTOBER 8, 2020

Celia Larson PhD, Tracy Buck, MS RDN, KaShawna Lollis, MSPH Office of Strategic Planning, Performance, and Evaluation



### Strategic Planning, Performance, and Evaluation

Alignment of Resources and Actions Performance Management System



### **Strategic Planning Process Update**

Tasks	Timeline
Planning Committee and Core Team Selected	$\sqrt{}$
Readiness Assessment	In process
Phase 1: Orientation	October
Phase 2: Mission, Vision, & Values; Alignment with PHAB, Performance Metrics, QI Plan, CHIP/CHA, Workforce Development	November
Phase 3: Assessment/Environmental Scan	November
Phase 4: Analysis and Prioritization	December
Phase 5: Plan Development	December-January
Phase 6: Implementation Plan	January
Phase 7: Monitoring and Evaluation Process Plan	Ongoing
Phase 8: Communication Plan	Ongoing

## Public Health Accreditation Update

Tasks	Timeline
Identify requirements and select/modify items for submission of the 11 reopened measures  8 of 11 have been identified (100 total measures)	October-November
Verify appropriateness of items selected Assurance team established	October-January
Upload items to e-PHAB	October-March
Resubmission complete	March

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

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

#### **Results Line**

For the week of Sept. 28 the results like fielded 678 calls, for a total of 43,951 since inception.

#### **Hotline**

The COVID Hotline has been transferred to HubNashville.

#### Teletask

The contract for the Teletask service was up for approval in Metro Council earlier this week. We are hopeful for its efficacy in communicating with COVID patients.

#### Women's Mission

The Women's homeless shelter was guarantined last weekend after an outbreak there.

#### Order 12 & Events

Order 12, which went into effect Oct. 1, allows events of up to 500 people with written approval from MPHD. We have created a worksheet and application that will help event operators know in advance how many people their event is likely to be approved for. We're also working to get standing approvals for certain types of events in specified places.

#### **School Health**

All nurses are back in their schools and working with students as they return to in-person learning. Students whose parents select in-person learning are returning in phases, and all students through 8th grade will return by November 4.

#### WIC

WIC will provide services to clients by phone until 30 days after the end of the Public Health emergency.

#### **Oral Health**

The school-based dental program is planning some tent events with selected schools to provide oral health kits and education to students.

#### Jail Health

The Davidson County Sheriff's Office assumed control of the CoreCivic facility on October 4. We have amended the WellPath contract to provide care to the inmates in this facility. CoreCivic previously provided medical care there.

#### **COVID Vaccination Prep**

We are working with the Office of Emergency Management to develop plans for Points of Vaccination once we have a COVID vaccine available for Metro first responders. As the vaccine becomes more available, we will then move to vaccinate other Metro Departments and partners, and finally the general public. TDH indicates that we could receive our first doses of vaccine by mid-November.

#### **Vulnerable Populations**

Rachel Franklin and Dr. Wright are meeting with representatives from Siloam, the Tennessee Immigrant and Refugee Rights Coalition, Conexion, and the Mayor's Office to begin development of stronger relationships with these key organizations in our efforts to better reach the immigrant, refugee and underserved communities. The planning sessions will be biweekly through the end of the year.

#### **Testing**

Testing continues at the Community Assessment Centers where we have done over 117,000 tests year-to-date. Due to the shortening days the hours at the sites will be changing from 7 a.m. to 1 p.m. to 8 a.m. to 2 p.m.

#### **Flu Vaccines**

Flu vaccine administration is in full swing at MPHD. Between MPHD employees, Metro employees, preventive health, and Fight Flu TN Day on Nov. 19, MPHD is working to provide flu vaccines to many of Nashville's residents. Flu vaccines were offered and administered to MPHD employees the week of September 22-28. We provided a total of 262 vaccines to our employees that week.

We also will be providing flu shots to all Metro Department employees, via drive-through clinics, October 5 and 6 at Metro Southeast, October 7 and 8 at the Fulton Campus, and October 12 and 13 at the Lentz Health Department.

#### **Improving Health - Services to Individuals & Families**

#### **Family Planning**

The nurses and nurse practitioners in the Title X Family Planning program continue to provide services to the citizens of Davidson County, as they have throughout the entire pandemic. TDH has commended MPHD on continuing to provide these services to men and women to the community during this time. Moreover, additional sterilization funding has been reallocated to MPHD as other regions/metros have noted that they will not be able to utilize the funding due to decreased family planning services and reassignment of staff to COVID-related activities.

#### **Immunizations**

Clinical Services continues to work diligently to provide students with necessary back-to-school vaccinations. As the start date for schools has adjusted, Clinical Services has continued to pivot and

provide necessary vaccines to children of all ages to support life-long health and deter vaccine preventable diseases.

#### **Organizational Updates**

#### **Budget**

Due to the uncertainty over the property tax referendum and the major concerns should the property tax increase be repealed, the Mayor's Office and the Finance Director have instituted immediate hiring and promotion freezes on local positions except for front-line public safety and other essential services.

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

#### I. Data

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

In 2020, there have been 449 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 32% and are on pace to eclipse 600 drug overdose deaths in 2020.
- Fentanyl is the primary driver for increase and is present in 80% of toxicology reports this year.

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

- Compared to the same time last year, nonfatal drug overdose ED visits have increased by 28%.

#### **Suspected Drug Overdoses**

- Compared to the same time last year, suspected drug overdoses requiring response by the Nashville Fire Department EMS have increased by 38%.
- The number of doses of naloxone per patient has increased in recent months.

#### II. Interventions/Activities/Collaborations

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

- Program Coordinator position has been filled with imminent start date (September 28).

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

- Linkage specialist has been hired to assist with linking MPHD clinic patients with substance abuse disorder to treatment services.
- Epidemiologist 1 position has been filled with imminent start date (October 5)
- Program Coordinator position has been filled with imminent start date (TBD)
- 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

- Plan has been developed and operationalized.
- Program has been consulted by other regions in TN with developing their own respective plans.

#### Overdose Prevention

- Conducting data-to-action activities with local prevention partners for targeted approach.

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

- Planning to implement ODMAP system in surrounding counties (Cheatham, Montgomery, and Rutherford) to bolster regional overdose surveillance.

#### CDC COVID-19 Response

- Partnering with CDC on project that seeks to provide technical assistance and support related to ODMAP usage to jurisdictions impacted by the drug overdose crisis and COVID-19 pandemic.

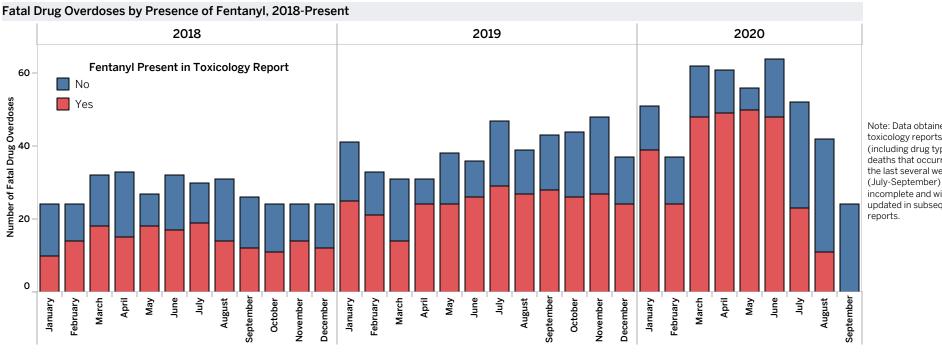
#### Appalachian High Intensity Drug Trafficking Area (HIDTA)

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

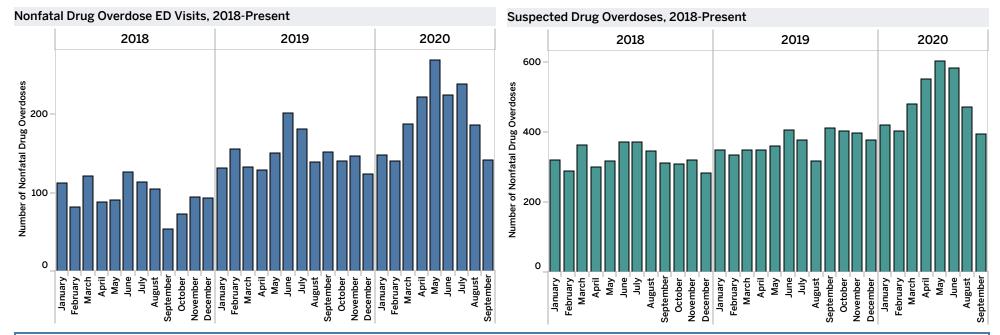
#### Fatal and Nonfatal Drug Overdoses by Month, 2019-2020

		2019		2020		
		Number of Records	% Difference from Previous Year	Number of Records	% Difference from Previous Year	
	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%	
Fatal Drug	May	38	40.7%	56	47.4%	
OD	June	36	12.5%	64	77.8%	
	July	47	56.7%	52	10.6%	
	August	39	25.8%	42	7.7%	
	September	43	65.4%	24	-44.2%	
	Total	339	30.9%	449	32.4%	
	January	131	17.0%	148	13.0%	
	February	155	89.0%	140	-9.7%	
	March	133	9.9%	188	41.4%	
	April	129	46.6%	222	72.1%	
Nonfatal Drug OD ED	May	151	67.8%	269	78.1%	
Visit	June	201	59.5%	224	11.4%	
	July	181	60.2%	239	32.0%	
	August	139	32.4%	186	33.8%	
	September	152	181.5%	142	-6.6%	
	Total	1,372	54.0%	1,758	28.1%	
	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%	
Suspected	May	359	12.9%	603	68.0%	
Drug OD	June	405	8.9%	584	44.2%	
	July	378	1.9%	569	50.5%	
	August	317	-8.4%	471	48.6%	
	September	410	31.8%	395	-3.7%	
	Total	3,249	8.6%	4,479	37.9%	

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



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



PAGE 2 \*\*\*All Data are Provisional\*\*\* Prepared by the Opioid/Overdose Response & Reduction Program - Metro Public Health Department of Nashville/Davidson County

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

If you have any questions, please contact:

#### Trevor Henderson | Director

Opioid/Overdose Response & Reduction Program
Metro Public Health Department of Nashville/Davidson County

Email: <a href="mailto:trevor.henderson@nashville.gov">trevor.henderson@nashville.gov</a>

Phone: 615-340-0392

#### Josh Love, MPH | Epidemiologist

Opioid/Overdose Response & Reduction Program Metro Public Health Department of Nashville/Davidson County Email: josh.love@nashville.gov

Phone: 615-210-2171

#### MPHD Website - Drug Overdose Information

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

#### <u>Data Sources</u> Fatal Drug Overdoses

Davidson County Medical Examiner

#### Nonfatal Drug Overdose ED Visits

**ESSENCE-TN** 

#### **Suspected Drug Overdoses**

Nashville Fire Department EMS

#### Note

Data presented in this report were extracted on September 24, 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 months of August and September 2020 are not yet finalized.

\*\*If you have information on unusual overdose activity, please contact the Opioid/Overdose Response & Reduction Program\*\*

Opioid.Response@nashville.gov | 615-340-0498

## 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		Fe	lilne	Total
By Age	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date:					
09/01/2020)	75	4	41	63	183
Intake					
Stray at large	130	11	31	52	224
Relinquished by owner	25	1	11	5	42
Owner requested euthanasia	2	0	0	0	2
Transferred in from agency	0	0	0	0	0
Other Intakes	19	0	30	0	49
TOTAL INTAKE	176	12	72	57	317
Outcomes Adoption	40	0	19	34	93
Adoption	40	0	19	34	93
Returned to owner	55	2	1	0	58
Transferred to another agency	61	9	5	13	88
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	156	11	25	47	239
<u></u>		T		T . T	
Died in care	0	0	0	1	1
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	20	0	8	2	30
Owner requested euthanasia	1	0	0	0	1
TOTAL OUTCOMES	177	11	33	50	271
Ending Shelter Count (date: 09/30/2020)	74	5	83	67	229
SAVE RATE:	88.57%	100.00%	88.89%	94.74%	90.19%