

**Metropolitan Board of Health of Nashville and Davidson County
November 19, 2021, Meeting Minutes**

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Tené Franklin at 3:05 p.m. in the Centennial Room, on the first floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville, TN 37209.

Present

Tené H. Franklin, MS, Chair
Calvin M. Smith III, MD, Vice-Chair
Carol Etherington, RN, Member
David Frederick, MS, Member
A. Alex Jahangir, MD, Member
Lloyda B. Williamson, MD, Member
Gill C. Wright, III, MD, Director of Health
Jim Diamond, MBA, Director of Finance and Administration Bureau
Stephanie Kang, DrPH, Director of Health Equity Bureau
Derrick Smith, JD, Metropolitan Department of Law

CIVIL SERVICE BOARD

Chair Franklin opened the Civil Service Board meeting.

Public Hearing for Requested Changes to Metro Animal Care and Control Job Descriptions

Chair Franklin opened the public hearing.

Mr. Diamond presented the proposed changes to MACC Job Descriptions ([Attachment I](#)).

Chair Franklin opened the floor to comments. There were no comments.

Chair Franklin closed the hearing.

Ms. Etherington made a motion to approve changes to Metro Animal Care and Control Job Descriptions as presented. Vice-Chair Smith seconded the motion, which passed unanimously.

Request to Schedule a Public Hearing for Requested Changes to Environmental Engineering Job Descriptions

Mr. Diamond requested the Board schedule a public hearing on December 9, 2021, at the next Civil Service Board of Health meeting, regarding proposed changes to Environmental Engineering Job Descriptions.

Mr. Frederick made a motion to schedule a public hearing on December 9, 2021, regarding proposed changes to Environmental Engineering Job Descriptions. Dr. Williamson seconded the motion, which passed unanimously.

Personnel Changes

Mr. Diamond referred to the October 2021 Personnel Changes.

Vice-Chair Smith made a motion to adjourn the Civil Service Board meeting. Dr. Williamson seconded the motion, which passed unanimously.

BOARD OF HEALTH

Approval of October 14, 2021, Meeting Minutes

Mr. Frederick made a motion to approve the October 14, 2021, meeting minutes, as distributed. Vice-Chair Smith seconded the motion, which passed unanimously.

New Business

There was no new business.

Approval of Grant Applications

There were no grant applications.

Approval of Grants and Contracts

Jim Diamond presented five items:

1. **Grant from the Tennessee Department of Health: Opioid High Impact Area Substance Misuse**
Term: September 1, 2021-August 31, 2022
Amount: \$736,900
2. **Grant Amendment from the State of Tennessee, Department of Health: Immunization and COVID**
Term: July 1, 2019-June 30, 2022
Amount: \$5,932,174
3. **Grant Amendment from the State of Tennessee, Department of Health: Health Promotion**
Term: July 1, 2021-June 30, 2024
Amount: \$400,000
4. **Amendment #6 to the Contract Between Vanderbilt University and Metro Board of Health: TB Trials Consortium**
Term: October 1, 2015-September 30, 2021
Amount: \$28,000
5. **Grant from Friends of Metro Animal Care and Control Foster Program Fund**
Term: NA
Amount: \$3,000

Dr. Jahangir made a motion to approve the grants and contracts. Vice-Chair Smith seconded the motion, which passed unanimously.

MPHD Organizational Chart Discussion

The matter was deferred to a future meeting.

Report on the Opioid Settlement

Dr. Kang updated the Board on the Opioid Settlement ([Attachment II](#)).

Report of the Director

Dr. Wright referred to the update provided in the Board packet ([Attachment III](#)).

Report of Chair

Chair Franklin thanked the Board and ELT for spending the day in retreat.

Chair Franklin iterated that she wanted to proceed with committees to help strategically offer guidance to the department.

Review of Board Requests

Chair Franklin asked members to send their requests to the recording secretary.

Vice-Chair Smith made a motion to adjourn the regular meeting. Dr. Williamson seconded the motion, which passed unanimously.

Following adjournment, Derrick Smith provided Ethics Training ([Attachment IV](#)) to Board members.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, December 9, 2021 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209.

The meeting adjourned at 3:38 p.m.

Tené H. Franklin, MS
Chair

Summary of Proposed Changes to Job Descriptions and Pay Plan of the Metro Public Health Department

1. Create Position of Shelter Veterinary Assistant with Pay Grade of ST06

Action Requested: Create new position of Shelter Veterinary Assistant and add it to the Pay Plan at Pay Grade ST06.

Justification: An internal analysis of the operations at MACC revealed the need for this position to handle some functions currently performed by a Licensed Veterinary Technician, but not needing the same level of education and certification.

Impact: The Department currently has one vacancy in the Licensed Veterinary Technician classification and this vacant position will likely be reclassified to Shelter Veterinary Assistant upon approval from the Civil Service Board of Health.

2. Change Title and Job Description for Animal Care and Control Manager.

Actions Requested: Change title of Animal Care and Control Manager to Animal Care and Control Director. Reduce the number of years' experience for the position from seven (7) to five (5). Make minor adjustments to Major Job Responsibilities section of the Job Description, inclusive of outlining roles as liaison with community partners and media responsibilities.

Justification: Change in title is to make it consistent with other similar positions in other jurisdictions. Slight reduction in years of experience needed for the position to potentially attract more candidates.

Impact: No financial impact. The position remains at Salary Grade OR09.



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Position Title: Shelter Veterinary Assistant	Fair Labor Standards Act (FLSA): Non-Exempt
Salary Grade: ST06	Effective Date: 11/19/2021

Position Objective:

Provide routine medical care and assist with surgical procedures for animals in shelter's custody, in addition to animals fostered and recently placed. Assist veterinarian with diagnostic procedures, administering medications, and record keeping associated with animal medical care.

Major Responsibilities:

- Perform routine medical evaluations and diagnostic procedures, including but not limited to taking digital and dental radiographs, and collecting blood, urine, and stool samples.
- Provide nursing care or emergency first aid to injured or recovering animals.
- Prepare animals for surgery.
- Assist other shelter staff in proper observation, diagnostic methods, safety, and animal handling techniques.
- Responsible for the daily care of animals, including providing appropriate food and water, and basic grooming and bathing.
- Clean animal cages and runs; and performs general housekeeping of shelter.
- Maintain daily log sheets and treatment histories, complete related animal care reports, and maintain other record keeping as required.
- Respond to patron inquiries.
- Maintain inventory of clinic supplies; research specifications, prices and availability of materials and equipment, and establish maintenance schedules for clinic equipment.
- Ensure compliance with applicable laws established by the Tennessee Board of Veterinary Medicine and the US Drug Enforcement Administration (DEA).
- Perform euthanasia of animals.
- Work cooperatively with the shelter manager and staff and foster a spirit of teamwork.
- Support and participate in departmental response to disaster and emergency events.
- Demonstrates MPH's core values of Professionalism, Respect, Integrity, Dedication, and Equity (P.R.I.D.E.) when interacting with the public and employees of the Metropolitan Government.
- Supports and participates in departmental response to disaster/emergency events.
- Regular, reliable, and predictable attendance; and
- Performs other duties as assigned.

Supervision Exercised/Supervision Received

Non-supervisory position.
Supervised by Veterinarian and Shelter Director.

COMPETENCIES

The following competencies are required for this position:

Competency	Definition
<i>Judgment/Decision Making</i>	Evaluates the best method of research and then exercises appropriate judgment in establishing priorities and resolving complex matters. Considers the relative costs and benefits of potential actions to choose the most appropriate one.
<i>Stress Tolerance</i>	Remaining effective even when situations become stressful.
<i>Coordinating Work Activities</i>	Coordinate the work-related activities necessary for task completion for all staff and volunteers, (both inside and outside of the group/organization). Adjusting one's own plans in light of how others are acting or how the environment is changing.
<i>Multi-Tasking</i>	Working on a variety of tasks simultaneously and shifting one's resources between multiple systems when needed.
<i>Interpersonal Relationships/Customer Service</i>	Develops and maintains cooperative and professional relationships with employees and the public. Effectively handles customer's inquiries, complaints, or disputes.
<i>Communicating with Coworkers</i>	Communicating information face-to-face, in writing, or via telephone or computer.
<i>Task-Relevant Knowledge</i>	Knowledge of standard practices and procedures necessary to accomplish tasks
<i>Seeking Improvement</i>	Constantly looking for ways that one can improve one's organization.
<i>Creative Problem Solving</i>	Using novel ideas to solve problems as a leader.
Computer Skills	Utilizes a personal computer with word processing, spreadsheet, and related software to effectively complete a variety of administrative tasks with reasonable speed and accuracy.

Minimum Qualifications:

EDUCATION AND EXPERIENCE

High School diploma.

1-2 years of professional animal care experience or an equivalent combination of relevant education and experience.

Must have and be able to demonstrate knowledge of:

- Basic animal care standards, including safe animal handling procedures for domestic and wild animals.
- Proper use, secure storage, and disposal of lethal chemicals, syringes, and related equipment.

LICENSURE

- Certificate of completion from a NAVTA-approved veterinary assistant program preferred. This Certification must be obtained within six months of hire.
- Must be a Certified Animal Euthanasia Technician (CAET), or obtain that certification within six months of hire.
- Valid class "D" driver's license.

Working Environment/Physical Demands:

- Regular walking and standing.
- Lift up to 50 pounds on a regular and recurring basis.
- Perform routine keyboard operations.
- Lift and move objects and animals weighing up to 50 pounds for short distances.
- Humanely restrain an animal.
- Use protective clothing or gear.
- Must receive pre-exposure rabies vaccinations.
- Have normal visual acuity, field of vision, hearing, and speaking.
- May risk exposure to toxic and caustic chemicals, and animals/wildlife, including exposure to animal bites, scratches, and diseases such as Rabies, Ringworm, Lyme disease and other zoonoses.

NOTE: This job description is not intended to be all-inclusive. This job description has been designed to indicate the general nature and level of work performed by employees within this classification. Employee may perform other related duties as needed to meet the ongoing needs of the department.



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Position Title: Animal Care and Control Director	Fair Labor Standards Act (FLSA): Exempt
Salary Grade: OR09	3 rd Revision Date: 11/19/2021 2 nd Revision Date: 05/13/2008 1 st Revision Date: 08/11/1998 Effective Date: 11/11/1997

Position Objective:

Under general administrative direction, supervises the overall operation of the Animal Care and Control Program and performs related duties as required. Ensures humane animal care, efficient animal flow, exceptional customer service and appropriate allocation of resources.

Major Responsibilities:

- Plans, organizes, and directs programs that carry out the organization’s goals.
- Develops the mission and direction of the organization in conjunction with the Metro Public Health Department.
- Oversees and directs planning and implementation of departmental programs for community outreach, including education of the public and the licensing of animals.
- Develops long-range plans and strategies.
- Ensures that all policies, plans, and programs are regularly reviewed and modified in an efficient manner.
- Stays abreast of current animal welfare issues as well as the changing needs of the community.
- Serves as key spokesperson and visible community leader, represents the organization at local and regional meetings of city government officials and other animal welfare organizations.
- Acts as liaison and advocate with the media and community partners.
- Recommends, implements, and monitors policies and procedures for compliance with the applicable state and local rules and regulations.
- Supervises the daily activities of all personnel of the Animal Care and Control Program.
 - Performs administrative duties, including monitoring work and evaluating staff.
 - Assists in the preparation and administration of personnel policies.
- Ensures staff receive required training and monitors staff adherence to Title VI, Title VII and other federal and state civil rights and employment laws and regulations.
- Monitors the division budget, payroll processing, and related fiscal functions.
 - Directs collection and recording of all fees authorized by the Animal Control Ordinance.
 - Prepares the division budget and program estimates for the Animal Care and Control Program.

- Develops and maintains cooperative working relationships with the community and other agencies relative to the activities of the Animal Care and Control Program, including programs to support pet retention and protect public health and safety.
- Develops division goals to meet overall Health Department mission and strategic plans.
- Mitigates public health risks through protocol oversight and staff training.
- Works cooperatively with the shelter supervisors, program coordinators, medical director, and staff to foster a spirit of teamwork.
- Leads, supports, and participates in departmental response to disaster and emergency events.
- Serves as liaison to other government and non-profit agencies during disaster response.
- Utilizes software, including Chameleon, and technology tools to document activities and accurately report relevant data and metrics to staff and community stakeholders.
- Ensures compliance with all federal, state, and local laws and ordinances. Ensures compliance with OSHA regulations.

Supervision Exercised/Supervision Received

Supervises all professional, officer, and support staff.

Develops and advances the skills of staff members by providing timely and effective performance evaluations, informal feedback, responsive coaching, and ongoing support to direct reports. Ensures that staff members receive effective orientation, training, and continuing education.

Works under the supervision of a Bureau Director who defines overall objectives and priorities of the work and is consulted on unusual or complex matters.

COMPETENCIES

The following competencies are required for this position:

Competency	Definition
<i>Judgment/Decision Making</i>	Evaluates the best method of research and then exercises appropriate judgment in establishing priorities and resolving complex matters. Considers the relative costs and benefits of potential actions to choose the most appropriate one.
<i>Stress Tolerance</i>	Remaining effective even when situations become stressful.
<i>Coordinating Work Activities</i>	Coordinate the work-related activities necessary for task completion for all staff and volunteers, (both inside and outside of the group/organization). Adjusting one’s own plans in light of how others are acting or how the environment is changing.
<i>Multi-Tasking</i>	Working on a variety of tasks simultaneously and shifting one’s resources between multiple systems when needed.
<i>Attention to Detail</i>	Placing focus on the details of the task to be accomplished.

<i>Interpersonal Relationships/Customer Service</i>	Develops and maintains cooperative and professional relationships with employees and the public. Effectively handles customer's inquiries, complaints, or disputes.
<i>Resolving Conflicts/Negotiating</i>	Dealing with complaints, resolving conflicts and grievances of others. Encouraging others to come together and reconcile differences.
<i>Communicating with Coworkers</i>	Communicating information face-to-face, in writing, or via telephone or computer.
<i>Task-Relevant Knowledge</i>	Knowledge of standard practices and procedures necessary to accomplish tasks
<i>Creative Problem Solving</i>	Using novel ideas to solve problems as a leader.
<i>Computer Skills</i>	Utilizes a personal computer with word processing, spreadsheet, and related software to effectively complete a variety of administrative tasks with reasonable speed and accuracy.

PERFORMANCE STANDARDS

- Knowledge of current laws and regulations governing animal control.
- Knowledge of the goals and objectives of the Metro Public Health Department relating to animal care and control.
- Knowledge of the overall animal care and control operation.
- Ability to supervise.
- Ability to remain calm and make decisions in stressful, emotionally charged, and emergency situations.
- Ability to establish and maintain effective working relationships.
- Excellent written and verbal communication skills.

Minimum Qualifications:

EDUCATION AND EXPERIENCE

- Bachelor's degree in Public Administration, Animal Science, Public Health, Law Enforcement, or related area; and five (5) years' experience in Animal Services with three (3) years' supervisory experience in Animal Services.
- Ten (10) years' experience in directing and managing an Animal Services Program may be substituted for the Bachelor's degree.
- Demonstrated ability to gather and analyze facts, devise solutions, and implement plans through effective leadership and interpersonal communications.
- History of staff/team management, project management, and developing collaborative relationships essential.

LICENSURE

- Valid class "D" driver's license.
- National Animal Control Association (NACA) I and NACA II Certification.
- Animal Cruelty Investigation Certification.

- Must complete sixteen (16) hours in additional approved continuing education credits in Animal Care and Control annually.
- Certified Animal Welfare Administrator (CAWA) preferred.

Working Environment/Physical Demands:

- The work environment involves high risks with exposure to potentially dangerous situations or unusual environmental stress which may require a range of safety and other precautions.
- The work requires considerable and strenuous physical exertion such as lifting heavy objects over 50 pounds, crouching or crawling in restricted areas, and defending oneself or others against physical attack from animals.
- Perform routine keyboard operations.
- Humanely restrain an animal, regardless of behavior or temperament.
- Use protective clothing or gear.
- Must receive pre-exposure rabies vaccinations.
- Must control allergies through medication.
- May risk exposure to toxic and caustic chemicals, and animals/wildlife, including exposure to animal bites, scratches, and diseases such as Rabies, Ringworm, Bartonella, Lyme disease, and other zoonoses.
- Noise level is moderate to very noisy.

NOTE: This job description is not intended to be all-inclusive. This job description has been designed to indicate the general nature and level of work performed by employees within this classification. Employee may perform other related duties as needed to meet the ongoing needs of the department.

OPIOID SETTLEMENT EXECUTIVE SUMMARY

Recommendations for Funding Distribution and Opioid Interventions

BACKGROUND

As a result of Tennessee’s legal settlement with major opioid drug distributors, Metro Nashville/Davidson County is set to receive approximately \$1.3 million per year for the next 18 years to combat the opioid crisis. With this long-term funding comes a unique opportunity to look beyond the press of immediate needs toward a sustained, long-term approach. The executive summary highlights strategies from the series of recommendations in MPHD’s Memo on Opioid Interventions and Equity Considerations. The memo outlines levels of interventions from Level 1, outlining upstream strategies, through successively downstream interventions to Level 6 addressing non-fatal overdoses.

1 Environmental Change	4 Continuum of Care
2 Education & Awareness	5 Overdose Prevention
3 Early Intervention	6 Crisis Response

EQUITY INFORMED SUBSTANCE USE RESPONSE

An equity-centered and comprehensive substance use response requires addressing both the urgent needs of opioid and death prevention and prioritizing substance use prevention and systems change. Nashville’s opioid response should be grounded in a public health approach acknowledging addiction as a systems crisis rather than an individual failure. We should work to address the persistent gaps and inefficiencies in the existing landscape of substance use interventions. We also must reflect upon and correct our community’s history of stigmatizing, discriminating, marginalizing, and criminalizing those with substance use disorders. Lastly, as Nashville moves forward in transforming substance use interventions, we must ensure equity, transparency, and accountability in decision-making and distribution of resources.

SUMMARY OF SUBSTANCE USE STRATEGIES

Level 1: Environmental Change— Overdose Fatality Reviews (OFR)

OFR is a multi-disciplinary process for understanding the risk factors and circumstances leading to fatal overdoses and identifying opportunities to prevent future overdoses. OFR can help identify the social, environmental, economic, and systemic conditions that exacerbate addiction. Therefore, OFR is critical to identify the system failures that are leading to overdoses and how to address them.

- Invest in MPHD staff to manage the OFR process, identify gaps, and produce systems-level recommendations and strategies based on the OFR’s findings.

Level 2: Education & Awareness— Youth Programming

Approximately [one-half](#) of all people with substance use disorders begin using substances before they turn 14. Any comprehensive effort to end the opioid epidemic supports long-term investment in effective programs that address the unmet needs of youth that can lead to these dangerous explorations. We can evaluate and learn from the successes and inefficiencies of existing substance use interventions by youth service providers.

- Develop and redesign substance use education to include counseling and programming that support youth and their families to explore addiction treatment and services and develop safe

alternative coping mechanisms; have open conversations about substance use and mental health; and build skills for identifying addiction and advocating for support needs.

Level 3: Early Intervention— Screenings

Many people battling addiction suffer alone. Substance use screenings pose an opportunity to identify people experiencing, or at risk of, addiction. Successful screenings should focus on identifying underlying issues and triggers that allow addictions to develop and persist.

- Implement screening protocols to identify those having a substance use addiction should be connected to substance use service providers and navigators to provide support for treatment and sobriety.
- Provide a connection point for those identified at risk of substance use and addiction, to access resources that can address individual stressors, trauma, and support needs. MPHD can implement these screening and referral processes within its own clinics, as well as partner with Metro Departments to develop and implement screening and referral tools across agencies.

Level 4: Continuum of Care— Outreach & Service Navigation

It can be difficult and overwhelming for people experiencing addiction to navigate Nashville's fragmented medical, behavioral, and social service systems. A model of peer support, in which those hired to provide referral and follow up services are people who have successfully overcome addiction, should be integrated into services.

- Invest in community health workers and peer recovery coaches who provide guidance, support, referrals, and follow ups.
- Build out capacity for hiring additional service coordinators (i.e. social workers, community health workers, and navigators).
- Develop a platform to support collaboration, communication, and coordination across service providers. This referral and tracking system would provide a vital foundation and necessary resource for connecting each stage of prevention to opportunities for treatment and support.

Level 5 / 6: Overdose Prevention & Crisis Support

Harm reduction, risk reduction, and opioid overdose prevention are critical aspects of effective substance use response and are necessary to save lives at the most imminent risk.

- MPHD's Correctional Health team and contracted providers provide Medication Assisted Treatment (MAT) to inmates experiencing opioid addiction. Those who are released from DDC while undergoing MAT should be connected to providers who can continue this treatment.
- Invest in purchasing and distribution of fentanyl test strips to community organizations that have frequent contact with people who are addicted to opioids. Testing strips should be paired with information about fentanyl and substance use services. This will require legislation.
- MPHD should work with government and non-profit emergency responders to develop best practices for 1-year follow up procedures with people who have experienced an overdose or drug-induced psychosis.

MEMO

TO: Dr. Melva Black, Dr. Gill Wright, Tom Sharp, & Tina Lester
FROM: Raquel de la Huerga & Dr. Stephanie Kang
DATE: November 5, 2021
SUBJECT: Overview of Opioid Interventions & Equity Considerations

SUMMARY

As a result of Tennessee’s legal settlement with major opioid drug distributors, Metro Nashville/Davidson County is set to receive approximately \$1.3 million per year for the next 18 years to combat the opioid crisis. MPH D will be involved with developing a plan for how these funds will be utilized to address opioid addiction and overdose in our community. This memo provides a review of best practices and potential strategies for opioid use interventions across six levels of care.

A HEALTH-EQUITY ORIENTED APPROACH FOR PREVENTING & REDUCING DRUG-RELATED HARMS OF STIGMA OR OVERDOSE	
EQUITY PRINCIPLES	EQUITY INFORMED RESPONSES
<ul style="list-style-type: none"> ● Focus on System Failures not Individual Failures ● Meet People Where They Are ● Intervene As Early As Possible ● Addiction is a Health Condition and Should Be Treated As Such ● Prioritize Care Over Punishment ● Prevent People from Falling Through Cracks ● Prioritize Transparency and Community Input in Decision-Making ● Focus on Early Interventions and Upstream Solutions ● Commit to Data Sharing and Collaborations with Partner Organizations ● Integrate Cultural Safety, Trauma Informed Care, and Harm Reduction Strategies into Interventions 	<ul style="list-style-type: none"> ● Uplift the voices of people with lived/living experience of substance use when gathering community input ● Develop transparent and iterative processes for decision making and funding distribution ● Utilize multifaceted approaches to reduce stigma and discrimination ● Ensure harm reduction principles are applied within comprehensive responses ● Develop strategies to address barriers in affording and accessing services ● Ensure program priorities reflect community need and include a responses aimed at systemic factors ● Create streamlined communication, referral, and data sharing systems shared across service providers ● Programs should not be targeted to reach only those most affected, and should be paired with universal responses that have reach across the population.

THE 6 LEVELS OF SUBSTANCE USE INTERVENTIONS

1 Environmental Change	4 Continuum of Care
2 Education & Awareness	5 Overdose Prevention
3 Early Intervention	6 Crisis Response

Level 1: Environmental Change	Potential Interventions
<p>People turn to substance use for a reason.</p> <p>How can we focus on removing and reducing adverse circumstances to prevent the stress, pain, and trauma that causes people to turn to drugs?</p> <p>How can we holistically address a person’s social and emotional needs (i.e. unemployment, housing insecurity, violence, mental health, etc.)?</p>	<ul style="list-style-type: none"> ● <u>CROSS-AGENCY COLLABORATION</u> Nashville has several existing commissions and coalitions around housing and homelessness. <p>Recommendation: MPHD partners with the Metro Continuum of Care Homeless Planning Commission and the Nashville Low Barrier Housing Collective to identify existing housing and homelessness assistance programs. MPHD will work with partners to integrate substance use programs when transitioning people into permanent housing.</p> <ul style="list-style-type: none"> ○ i.e. <i>The Street Works Emergency Financial Assistance Program</i>, funded via Ryan White Part A and other grants, assists clients with costs related to housing. Additional funding could be provided to this program to prioritize those who are struggling with or recovering from addiction.
<p>Best Practices</p> <ul style="list-style-type: none"> ● Strengthen social welfare programs (cash assistance, food stamps, unemployment) ● Implement models of <u>restorative justice</u> and <u>self-healing communities</u> ● Increase access to <u>affordable, safe, non-addictive pain management</u> ● Increase affordable housing and homeless services ● Reduce structural barriers to care 	<ul style="list-style-type: none"> ● <u>TRANSPORTATION ACCESS</u> Currently, there is limited transportation access to community clinics that provide mental health services. <p>Recommendation: MPHD partners with MNDOT to develop bus routes that directly reach outpatient behavioral health clinics and bus vouchers that can be distributed by service providers.</p> <ul style="list-style-type: none"> ● <u>ECONOMIC PROGRAMS</u> Moving Nashville Forward is launching a Universal Basic Income (UBI) pilot with 50 families in North Nashville which will each receive \$1,000/mo for a year. <p>Recommendation: MPHD partners with Moving Nashville Forward to incorporate data metrics around substance use to measure the impact of economic assistance/improving social determinants of health on substance use.</p> <ul style="list-style-type: none"> ● <u>OVERDOSE FATALITY REVIEW</u> Overdose Fatality Review (OFR) is a series of confidential

	<p>reviews of overdose deaths by a multidisciplinary team intended to identify community needs and service gaps that should be addressed to prevent future overdoses. OFR exists in other cities in Tennessee, such as Knoxville. MPHD is currently working on developing the OFR process for Nashville. However, MPHD does not have any dedicated staff to facilitate OFR and there are barriers to accessing overdose data and case reports.</p> <p>Recommendation: Invest in MPHD staff to manage and develop the OFR process. These staff should produce systems-level recommendations and strategies based on the OFR’s findings.</p>
<p>Level 2: Education & Awareness</p>	<p>Potential Interventions</p>
<p>Substance use has become a taboo subject in our society.</p> <p>How can we improve substance use education to increase awareness of substance resources and reduce stigma towards addiction?</p> <p>How can the public become advocates for recognizing signs of addiction and connect people to substance use services and treatment?</p>	<ul style="list-style-type: none"> ● <u>MESSAGING CAMPAIGNS</u> There is a need for training and campaigns aimed at health providers, police, educators, social system providers, decision-makers, and the general public. <p>Recommendation: MPHD partners with community organizations and a messaging firm to design and deliver a media campaign informing the public on how to identify signs of addiction and services available.</p> <ul style="list-style-type: none"> ● <u>EDUCATION PROGRAMS</u> Currently, Nashville has no comprehensive youth or inter-generational skills-building program that is targeted at substance use and emphasizes personal competence, life-skills, coping, and the impacts of addiction.
<p>Best Practices</p> <ul style="list-style-type: none"> ● Develop educational programs that empower youth to avoid and overcome addiction. ● Enable schools and school districts to provide supports and counseling to students and their family members who are experiencing addiction 	<p>Recommendation: MPHD partners with MNPS and the Juvenile Justice Center to implement education programs and skills training that destigmatize addiction, teach alternative coping mechanisms, and empower youth and their families to reach out for help. The program reinforces education with counseling, joint family sessions, clinical services, and/or connection to resources.</p>

<ul style="list-style-type: none"> • Enable community-based organizations (CBOs) that target youth to provide support for students in recovery and students whose family members are suffering from addiction 	
<p>Level 3: Early Intervention</p>	<p>Potential Interventions</p>
<p>Many people battling addiction suffer alone and struggle to reach out.</p> <p>How can we improve screenings and outreach in the community to find people in need of treatment and support?</p> <p>How can we screen for risk factors that may lead to substance use (i.e. trauma, violence, mental illness, instability, stress, physical pain, etc.)?</p> <p>Best Practices</p> <ul style="list-style-type: none"> • Implement screenings in a variety of settings (i.e. schools, hospitals, mental health clinics, homeless service centers, juvenile detention, jails, prisons, etc.) • Improve access to affordable mental health and substance use services 	<ul style="list-style-type: none"> • <u>SCREENINGS</u> MPHD already provides robust Hepatitis C and HIV testing and screening and services. MPHD clinics can serve as a catchment area to identify people with substance use disorders and connect them with services. • Recommendations: Across MPHD clinics, integrate a highly-sensitive, quick, substance-use screening tool (i.e. CAGE tool) for nurses to identify patients experiencing or at risk of addiction. Patients who are identified should be connected to peer-recovery coaches that provide support in navigating substance use treatment and social services. (<i>This successful model was implemented in Knoxville.</i>) MPHD can also partner with Metro Departments (such as MNPS, MSS, MDHA, MNP, and DCC) to implement substance use and mental health screenings across agencies. • <u>ACCESSIBLE OUTPATIENT SERVICES</u> There are a spectrum of behavioral health care providers in Nashville, however, many clinics are difficult to get to or have limited hours. Recommendation: MPHD partners with community-based organizations to increase telehealth infrastructure for behavioral health treatment and counseling. • <u>AFFORDABLE COUNSELING</u> Many providers in Nashville offer substance use counseling, however, these services can be costly, especially for people who have low-incomes or are uninsured. Some providers offer free services, however, these opportunities are limited in reach and comprehensiveness.

	<p>Recommendation: MPHD partners with MNPS and MSS to train and hire dedicated substance use and mental health workers to counsel the families they serve. In public schools, MPHD can collaborate with the STARS Student Assistance Program to increase substance use counseling and develop targeted interventions for youth.</p>
<p>Level 4: Continuum of Care</p>	<p>Potential Interventions</p>
<p>The experience of quitting addictive drugs can be incredibly painful and difficult.</p> <p>How can we coordinate across service providers to eliminate gaps in care that exacerbate addiction and reinforce relapse?</p> <p>How can we work to make substance use treatment easily available, accessible, and affordable?</p>	<ul style="list-style-type: none"> ● <u>RESOURCE/REFERRAL SYSTEM</u> Currently, there is not a comprehensive referral or inventory system of substance use services and treatments and social/economic assistance programs for those who are struggling or have family members struggling with addiction. <p>Recommendation: MPHD, with appropriate partners, establishes an inventory of service providers that address economic assistance, including rent/utilities, food, employment, and mental health. Develop a referral and tracking system for referrals, discharge planning, specific requests, and follow up for services that can be used by schools, navigators, providers, community organizations, MPHD, and others.</p>
<p>Best Practices</p> <ul style="list-style-type: none"> ● Address the behavioral health needs of people involved in, or at risk of involvement in, the criminal justice system ● Provide an array of community-based diversion services designed to keep individuals with behavioral health issues out of the criminal justice system while also addressing issues of public safety ● Ensure access to Medicated-Assisted Treatment 	<ul style="list-style-type: none"> ● <u>NAVIGATING SERVICES</u> It can be difficult and overwhelming for people experiencing addiction to navigate Nashville’s fragmented medical, behavioral, and social service systems alone. <p>Recommendation: MPHD works with substance use providers to build out capacity for hiring additional service coordinators (i.e. social workers, community health workers, and navigators) who can guide those experiencing addiction through the process of navigating services, completing treatment, and maintaining sobriety. MPHD should consider a model of peer support, in which those hired to provide referral and follow up services are people who have past experience with substance use addiction.</p>

(MAT), which is effective at reducing use and helping people to lead normal lives if combined with ancillary treatment strategies, such as counseling and social services

- [Stable housing](#) plays a vital role in people’s recovery from substance use disorders (SUDs). An inability to pay rent and the threat of losing housing can lead to stress that triggers substance misuse and relapse

- **DISCHARGE PLANNING**

There is a lack of coordination across providers and social services causing a discontinuity of care that affects health gains for patients.

Recommendation: MPHHD supports or partners with local hospitals to standardize the discharge planning process to patients who are treated for a drug overdose or who are identified as having a substance use disorder. MPHHD collaborates with DCC and the Juvenile Detention Center to develop reentry plans for people identified to have or be at risk of developing a substance use disorder. These re-entry plans should collaborate with continuum of care providers to ensure referrals and follow up after release.

- **CRIMINAL JUSTICE DIVERSION**

MPHHD is partnering with MNPDP and Mental Health Coop to pilot a “Co-response” pilot program to de-escalate crisis situations and connect those to treatment.

Recommendation: MPHHD integrates a comprehensive system of services and treatments that can be connected to those diverted through the pilot. MPHHD can also work with the Co-Response pilot partners to include more training on identifying those with substance use issues and ensuring a robust connection to services and follow-up.

- **SUPPORTIVE HOUSING**

Currently, Nashville does not have a coordinated substance-use services program specifically targeting those who need and want to be able to stay in affordable housing.

Recommendation: MPHHD should facilitate partnerships between MDHA, MSS, and local behavioral health treatment providers, such as the Mental Health Coop, to provide onsite services to residents of project-based Section 8 housing.

Level 5: Overdose Prevention	Potential Interventions
<p>Overcoming addiction doesn't happen overnight.</p> <p>How can we make treatment accessible and provide the resources necessary to prevent relapse?</p> <p>How can we minimize the harmful health effects of drug use?</p> <p>How can we reduce the spread of communicable diseases?</p> <p>How can we prevent opioid overdoses?</p>	<ul style="list-style-type: none"> ● <u>MEDICATION-ASSISTED TREATMENT</u> Medication Assisted Treatment (MAT) is the use of medications, such as methadone and buprenorphine, to help treat opioid addictions without as many negative withdrawal effects. Currently, MPHD Correctional Health only provides MAT to pregnant women in the correctional facilities, however, they are currently in discussion to provide MAT more broadly for those with substance use disorders. <p>Recommendation: MPHD's Correctional Health team works with the contracted health providers at the Downtown Detention Center (DDC) to provide Medication Assisted Treatment (MAT) to inmates experiencing opioid addiction. Those who are released from DDC while undergoing MAT should be connected to providers who can continue this treatment.</p>
<p>Best Practices:</p> <ul style="list-style-type: none"> ● Harm reduction, risk reduction, and opioid overdose prevention efforts all need to be informed by an awareness of fentanyl exposure in the populations served in order to continue affording maximum safety and protection to community members who are navigating a fentanyl-contaminated drug supply ● Syringe services programs are a key component of overdose prevention strategies, because they can facilitate access to and uptake of services and interventions for reducing overdose, enhancing health and wellbeing, and improving public health and public safety ● Naloxone distribution across families and social networks can have lifesaving, synergistic effects. ● Medicine take back options are an 	<ul style="list-style-type: none"> ● <u>COMMUNITY-BASED MEDICATION DISPOSAL</u> Nashville currently has 23 prescription drug take-back boxes located across the city at pharmacies, hospitals, and police precincts. These permanent boxes provide safe, environmentally-friendly disposal to prevent prescription and over-the-counter medications from getting in the hands of children, people with drug addictions, and drug dealers. <p>Recommendation: MPHD provides additional drug take-back boxes to more pharmacies, clinics, and hospitals. MPHD develops public awareness campaigns to encourage the public to safely store and dispose of medications.</p> <ul style="list-style-type: none"> ● <u>SYRINGE EXCHANGE</u> Currently, MPHD assists Street Works, a non-profit that provides a syringe exchange program, in syringe disposal. <p>Recommendation: Elevate MPHD's partnership with StreetWorks to increase awareness of syringe exchange and boost community outreach. Street Works is a key entry point in identifying people with substance use disorders. MPHD</p>

effective way to safely dispose of unused or expired prescription and nonprescription (for example, over the counter) medicines.

can develop a plan for substance use service providers to collaborate with StreetWorks to offer services onsite.

- **FENTANYL TEST STRIPS**

Fentanyl is a key contributor in the rise in opioid deaths. In Metro Nashville, fentanyl is detected in [3 out of 4](#) drug overdoses. Fentanyl test strips are a simple, inexpensive (\$1 each), and evidence-based method for preventing drug overdoses. There is currently very limited distribution of test strips in Nashville.

Recommendation: MPHD purchases and distributes fentanyl test strips to community organizations that have frequent contact with people who are addicted to opioids. Testing strips should be paired with information about fentanyl and substance use services. MPHD can encourage MNPD to create a formal policy excluding fentanyl test strips as “drug paraphernalia”.

- **TARGETED NALOXONE DISTRIBUTION**

There is a naloxone shortage across the country, which means the naloxone that is distributed should be proportionate to the level of need in priority areas.

Recommendation: MPHD utilizes data on opioid overdoses to pinpoint hotspots in Nashville. These hotspots should then be compared to existing naloxone dispensation sites to identify gaps in distribution, then provide recommendations to partners to better distribute naloxone.

Level 6: Crisis Response	Potential Interventions
<p>Overdose death rates have risen higher through the pandemic.</p> <p>How can we provide rapid response teams to save lives as overdoses dramatically rise?</p> <p>When a life is saved, how can we break the cycle of the likelihood of another overdose?</p>	<ul style="list-style-type: none"> ● <u>MOBILE CRISIS UNITS</u> The Tennessee Department of Mental Health and Substance Abuse Services currently runs mobile crisis services across the state. In Nashville, Centerstone and the Mental Health Cooperative are the agencies that operate 24/7 crisis response teams. Recommendation: MPHD collaborates with the Centerstone and Mental Health Coop crisis response teams on data collection, care coordination, and follow-up strategies.
<p>Best Practices</p> <ul style="list-style-type: none"> ● Maintain hotlines and mobile crisis units that can respond 24/7 to drug-related emergencies ● Train and equip emergency responders to appropriately respond to substance use crises and divert people experiencing addiction out of the criminal justice system. ● Ensure people experiencing drug-induced psychosis or overdoses have immediate access to substance use services. ● Provide calls and in person outreach to follow up with people who have experienced a crisis related to substance use 	<ul style="list-style-type: none"> ● <u>EMERGENCY RESPONSE</u> Nashville’s emergency responders are often the default response to people with substance use disorders who are experiencing crises. However, many of these responders currently have limited training for identifying and supporting substance use disorders. Recommendation: MPHD facilitates training of Fire, EMS, Police, and Emergency Communications Departments to recognize signs of substance use. Emergency Responders should be trained to implement de-escalation strategies and call in mobile crisis and co-response units to provide support and referrals to care. ● <u>FOLLOW-UP PRACTICES</u> After a person experiences an opioid overdose they are likely to remain addicted and overdose again. <u>1 in 20</u> people treated for opioid overdoses in emergency departments die within 1 year. The Mental Health Coop, in their work on the co-response pilot, is currently working to improve their follow up strategies. Recommendation: MPHD should work with government and non-profit emergency responders to develop best practices for 1-year follow up procedures with people who have experienced an overdose or drug induced psychosis.

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Director's Update to the Board of Health November, 2021

Protecting Health – Preventing the Spread of Infectious Disease

COVID

Both our 14-day rolling average of new infections and the number of new cases per 100,000 population was down more than 85 percent from our delta-variant peak on Sept. 7. Full vaccinated are up 11 percent since then, to 58.6% of Davidson County. In addition, 71,160 county residents have received a 3rd/booster dose.

Flu (and some COVID)

As of last week we had given a total of 2,048 flu shots. The bulk of those (1,294) were at our Metro employee flu shot clinics. Last Friday was Fight Flu TN day across the state, when free flu shots were offered. We had shots available at all three of our clinics, as well as Plaza Mariachi, Southeast Community Center, and The Next Door.

Create Healthier Community Environments

Environmental Health

Vehicle Emissions

The Metro Council earlier this week considered a resolution to require us to cease vehicle emissions testing. The Council has gotten quite a few complaints from motorists annoyed by the length of the wait at the testing garages, an issue the vendor has struggled to conquer in the post-COVID labor environment, virus-related shortages of existing staff and uncertainty about the future of the program. We are in regular communication with the Mayor's office, council members and other interested parties as we try to work out way through this issue.

MACC

After approval of slight modifications to the job requirements, we plan to post the MACC Director position and begin interviews with a goal of having a new director by the end of the year.

Food & Public Facilities

The Food and Public Facilities Division is experiencing an increase in regulated establishments. They added 27 new facilities during the final week of October and 16 more during the first week of November. It would be beneficial to add more Environmental Health Specialists to that group. They already have 20 positions, but turnover is such that they rarely if ever are completely staffed. There is also a steep learning curve for new employees, so it is several months before a new employee can work independently. Two specialists are leaving this month. Baker Bachman's last day was Nov. 12, and Grace Walker's final day with Air Pollution was today. Brenda Lyle, and Office Support Specialist, is retiring after several years at MPH. Her position will be moved and added to the administrative staff at MACC.

Improving Health – Access & Care Coordination

School Health

The volume of school COVID investigations continues to trend downward, and school nurses are turning their focus back to their pre-COVID work which includes education, promoting healthy choices (such as vaccines) and screenings. School Health is working with Matt Peters to create a recruitment video as we strive to hire more nurses. We still need 15 more nurses to achieve a nurse in every school.

WIC

The WIC waiver to have the option to serve clients by phone has been extended until April 13, 2022. The waiver for therapeutic formula requests has been extended until December 13, 2021. We are beginning to see some WIC clients in person again, but the waiver allows flexibility for those who have difficulty coming to our clinics.

On Sept. 30, Congress increased cash allotments for eligible WIC participants to purchase fruits and vegetables through Dec. 31. Our WIC office had to get IT support to make these new amounts work, but as of Nov. 1 we are

able to issue these benefits to families. Below are the new amounts WIC families can receive. Again, this is only temporary, but Congress is to be discussing again in December making the increase longer term (which our WIC food dollars budget should be able to cover).

Extra money is available for families participating in WIC. Don't miss out! Pregnant, or breastfeeding moms should get \$43 or \$47 respectively. See below chart for more details:

Fresh Fruit and Vegetable Benefit Amounts by Client Type

Category	Temporary CVB Amount
Child	\$24
Pregnant and Postpartum	\$43
Breastfeeding	\$47
Exclusively Breastfeeding with multiples	\$70.50

Dental

We have a new WIC dental hygienist, Sharna Lee, and she has begun a campaign from the American Academy of Pediatrics called BrushBookBed. Children who participate in the WIC Dental program will be given a bookmark with dental facts and good oral health habits. Sharna has already partnered with Book em and received over 800 books to give to the children. She hopes to use this campaign for outreach and accomplish three goals.

1. Children have a dental home by age 1
2. Receive fluoride treatments 2-4 times each year
3. Cavity free at age 3

Organizational Updates

Accreditation

After more than eight years, one office relocation and one plague, we are officially an accredited health department. The Public Health Accreditation Board informed us last week of its acceptance of our application, the culmination of a substantial multi-year effort all across the department.

The letter began:

“Greetings from PHAB,
Congratulations on your health department's accreditation!”

We wholeheartedly accept.

Legislature

As you know the Tennessee General Assembly made numerous changes to the state laws regarding public health during its special COVID session last month. We are still evaluating what the changes mean for us. We are also, mostly through Mr. Smith in the legal department, evaluating the implications of the federal vaccine mandates for employers of 100 or more people.

Deputy Director

Dr. Melva Black started in her role as deputy director on Oct. 18. Below, her introductory letter to the MPHD staff:

Dear Colleagues,

As I get settled into my new role as Deputy Director, I wanted to formally introduce myself. I know that much of my success at the Health Department will also be your success, and I am looking forward to working alongside all of you.

Before joining the Health Department, I was the Assistant Dean of Humanities at Volunteer State Community College. Prior to my higher education tenure, I spent more than a decade working with non-profits and government agencies providing access to health and education in underserved communities both domestic and international. My time in those collective experiences gave me many skills I needed to effectively manage burgeoning organizations.

Outside of work, I loooovveee jazz music and have an appreciation for and listen to most other genres. You just might see me at a local venue or two enjoying some live music. On another note, I have an adorable four-legged furry Jack Russell-Chihuahua mix named Anastasia "Anna" LaFontaine Black who was a stray. Her favorite things are lounging and barking...a lot!

So far, I've had an opportunity to meet several colleagues at Lentz, Animal Control, and South Nashville Nutrition Center. I plan to visit all our sites in hopes of meeting everyone. In the meantime, I invite you to stop by my office to introduce yourself if I have not had the pleasure of meeting you. More than likely I'll have a little jazz music playing and certainly pictures of Anastasia on display.

My office is located on the second floor of Lentz across from the Director's office. You can reach me at extension 08549. My door is always open so please feel free to stop by.

Kind regards,

Melva

Follow Us!

Please join us, if you haven't already, in following these sites and sharing our message with your networks.

Facebook: [Facebook.com/MPHDNashville](https://www.facebook.com/MPHDNashville)

Twitter: [@NashvilleHealth](https://twitter.com/NashvilleHealth)

Instagram: [@NashvillePublicHealth](https://www.instagram.com/NashvillePublicHealth)

**Overdose Response Program (ORP)
Division of Behavioral Health and Wellness**

GRANTS

- U.S. DOJ Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Grant
- TDH-CDC High Impact Area (HIA) Grant

INTERVENTIONS AND ACTIVITIES

Overdose Fatality Review (OFR) Panel

- Seeks to examine and understand the circumstances surrounding fatal drug overdoses occurring in Davidson County. Meetings will occur monthly with next slated to be held in mid-November.

ED Post-Overdose Discharge Protocol

- Initiative seeks to improve care through the use of peer recovery navigators, naloxone distribution, harm reduction strategies, and medically-assisted treatment (MAT).

Nashville Fire Department EMS Post-Overdose Follow-Up

- Implementation began in early January 2021.

Substance Use Linkage by ORP Social Worker

- Implementation began in November 2020. Activities include linking MPHD clinic patients with substance use disorder to available resources.

Data-to-Action with Local Prevention Partners

- Collaborating with prevention partners for targeted response to high-activity areas.

Data-to-Action with Local Homeless/Housing Partners

- Currently collaborating and implementing data-to-action activities with local homeless/housing partners surrounding the overdose crisis.

HIA Multidisciplinary Stakeholder Group

- Inaugural quarterly meeting held in July involving stakeholders from multiple sectors aimed at mitigating the local drug overdose crisis.
- October meeting included presentation of fatal/nonfatal drug overdose trends, highlighting the increase in counterfeit pills

CDC Overdose Data-to-Action Meeting

- ORP epidemiologist presented project update and an overview of acute response planning conducted by ORP to CDC

SPIKE ALERTS

- Since implementation in June 2021, the SPIKE Auto Text Program has been utilized 5 times (June 9, July 16, August 13, September 2, and October 4).

****Public Health Emergency - Drug/Opioid Overdose Crisis in the U.S.****

On October 26, 2017, the drug overdose crisis was officially declared to be a public health emergency by President Trump. This determination was renewed by the Secretary of Health and Human Services, effective July 7, 2021.

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/opioids-7July2021.aspx>

MEDIA

Nashville Scene "The Other Epidemic: Fentanyl is Killing People in Nashville at a Staggering Rate" - November 4, 2021

https://www.nashvillescene.com/news/coverstory/the-other-epidemic-fentanyl-is-killing-people-in-nashville-at-a-staggering-rate/article_55ab975c-3b5f-11ec-a9fc-fb2cf034c0e1.html

90.3 WPLN News Nashville Public Radio "Quinones' book 'The Least of Us' sheds light on the dangers of fentanyl and meth" - October 27, 2021

<https://www.npr.org/2021/10/27/1049546365/quinones-book-the-least-of-us-sheds-light-on-the-dangers-of-fentanyl>

The Atlantic "I don't know that I would even call it meth anymore" by Sam Quinones - October 18, 2021

<https://www.theatlantic.com/magazine/archive/2021/11/the-new-meth/620174/>

News Channel 5 "In-depth: Counterfeit pills complicate Tennessee's addiction crisis" - October 12, 2021

<https://www.newschannel5.com/news/in-depth-counterfeit-pills-complicate-tennessees-addiction-crisis>

News Channel 5 "'You're gambling with your life.' TBI, health officials warn of counterfeit drugs in Tennessee" - October 11, 2021

<https://www.newschannel5.com/homepage-showcase/overdose-deaths-counterfeit-drugs-on-the-rise-in-tennessee>

WKRN "Counterfeit drugs, overdoses on the rise, TN officials warn" - October 11, 2021

<https://www.wkrn.com/news/counterfeit-drugs-overdoses-on-the-rise-tn-officials-warn/>

FOX 17 "TBI warns of fake pills: 'Killing off their customers..is just the cost of doing business'" - October 11, 2021

<https://fox17.com/news/local/tbi-warns-of-fake-pills-laced-with-deadly-fentanyl-killing-off-their-customers-is-just-the-cost-of-doing-business-nashville-tennessee-drug-overdose-investigation>

COMMUNITY EVENTS

MNPD South Precinct Community Outreach Event - October 27, 2021

- Outreach event in high risk area for overdose and human trafficking involving multiple agencies (MNPD, STARS, Thistle Farms, End Slavery TN, and ORP).

Update: Drug Overdose Epidemic in Davidson County, TN November 2021

Data and Surveillance

Suspected Fatal Drug Overdoses

- Through October 23, there have been 592 drug overdose deaths (confirmed and suspected) in 2021, representing a 13% increase compared to the same time period last year.
- Fentanyl has been detected in 76% of overdose-related toxicology reports in 2021 (78% in 2020).
- Monthly Average
 - 2020: 51.8 suspected overdose deaths
 - 2021: 61.0 suspected overdose deaths**

Suspected Nonfatal Drug Overdose-related Emergency Department (ED) Visits

- Through October 23, there have been 2,170 overdose-related ED visits at local hospitals in 2021, representing a 1% increase compared to the same time period last year.
- Monthly Average
 - 2020: 213.8 overdose-related ED visits
 - 2021: 217.4 overdose-related ED visits

Suspected Drug Overdoses Requiring NFD-EMS Response

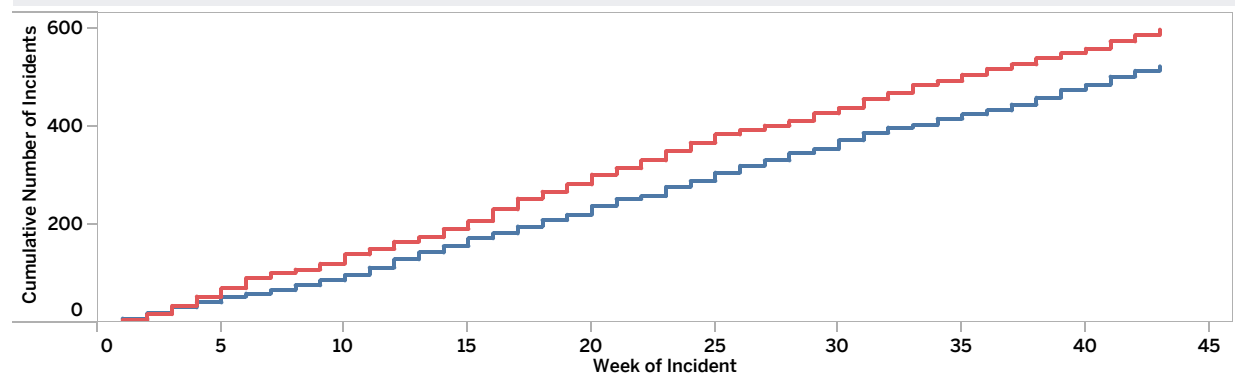
- Through October 23, there have been 4,805 suspected overdoses requiring NFD-EMS response in 2021, representing a 3% decrease compared to the same time period last year.
- Monthly Average
 - 2020: 484.9 suspected overdoses
 - 2021: 484.4 suspected overdoses

Syringe Containers Collected in the Community

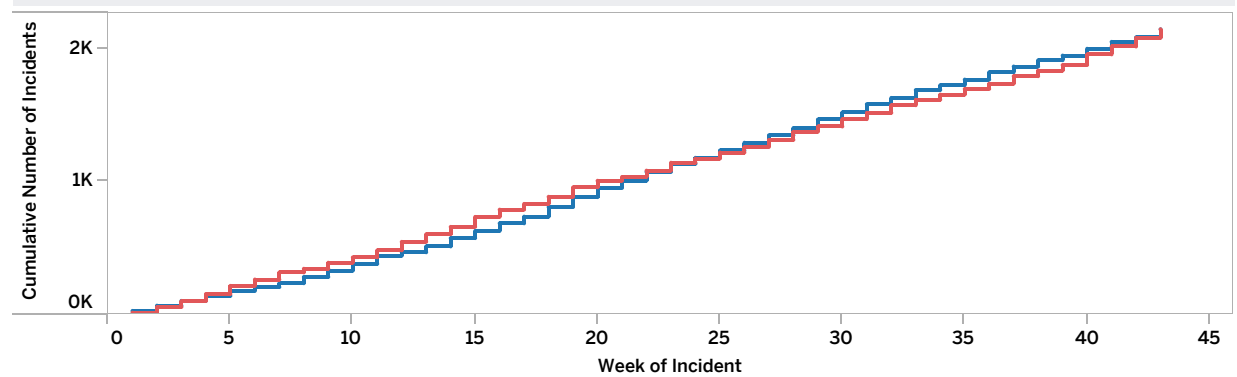
- Through September, there have been 1,410 syringe containers collected by the Metro Public Health Department in 2021, representing an 83% increase compared to the same time last year (each syringe container is estimated to collect between 400 and 430 1cc syringes).
- Monthly Average
 - 2020: 88.7 containers
 - 2021: 156.7 containers

Cumulative, Year-to-Date Drug Overdose Activity, 2020-2021
[2020=BLUE, 2021=RED]

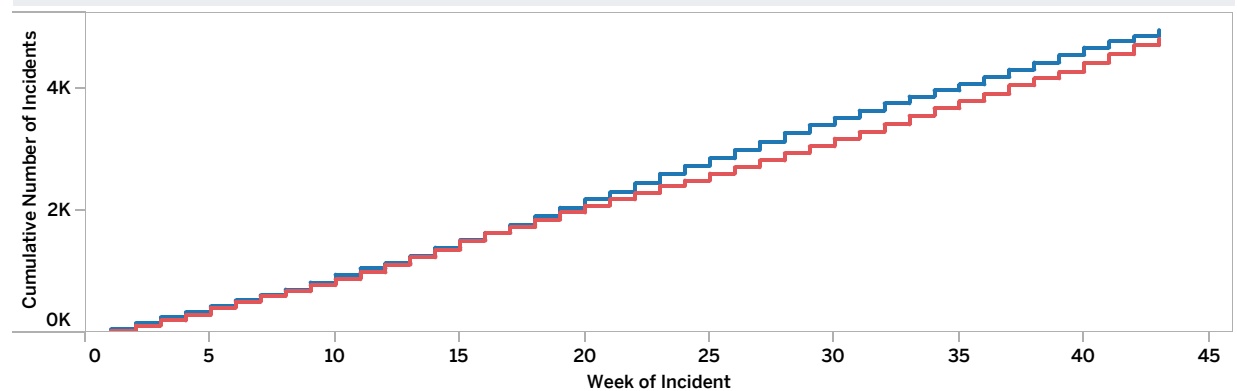
Suspected Fatal Drug Overdoses



Suspected Nonfatal Drug Overdose-related ED Visits



Suspected Drug Overdoses Requiring NFD-EMS Response



Prevention Categories for Activities/Interventions Implemented or Supported by ORP

The Overdose Response Program is involved in both actively implementing and supporting a multitude of community activities and interventions aimed at addressing all levels of prevention (primary, secondary, and tertiary). This ensures our program is applying a comprehensive approach which involves mitigating the currently burgeoning local drug overdose crisis while aiming to prevent substance use/addiction before it ever occurs.

Implemented by ORP

Activity/Intervention

Overdose Fatality Review (OFR) Panel - primary, secondary, tertiary

ED Post-Overdose Discharge Protocol - primary, secondary, tertiary

HIA Multidisciplinary Stakeholder Group - primary, secondary, tertiary

Nashville Fire Department Emergency Medical Services Post-Overdose Follow-Up - primary, secondary, tertiary

Substance Use Linkage by ORP Social Worker - primary, secondary, tertiary

Data-to-Action with Local Prevention Partners - primary

Data-to-Action with Public Safety Partners - primary

Data-to-Action with Local Homeless/Housing Partners - primary

SPIKE Auto Text Program - primary, secondary

Drug Overdose Monitoring and Surveillance - primary, secondary, tertiary

Syringe Services Program (SSP) - primary, secondary

Supported by ORP

Activity/Intervention

Fentanyl Test Strip Distribution (as a means of harm reduction) - primary, secondary

Definitions

Primary Prevention: "upstream" measures that prevent the onset of illness before the disease process begins. Immunization against infectious disease is a good example.

Secondary Prevention: measures that lead to early diagnosis and prompt treatment of a disease. Breast self-examination is a good example of secondary prevention.

Tertiary Prevention: involves the rehabilitation of people who have already been affected by a disease, or activities to prevent an established disease from becoming worse.

Update: Drug Overdose Epidemic in Davidson County, TN November 2021

Overdose Response Program

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Metro Public Health Department Website

Drug Overdose Information

<https://www.nashville.gov/departments/health/drug-overdose-information>

Data Sources

Suspected Fatal Drug Overdoses

Death Investigation and Decedent Information (DIDI) Database (maintained by the Davidson County Medical Examiner (DCME))

Suspected Nonfatal Drug Overdose-related ED Visits

ESSENCE-TN

Suspected Drug Overdoses Requiring NFD-EMS Response

Nashville Fire Department Emergency Medical Services (NFD-EMS)

Notes

Data presented in this report were extracted on October 27, 2021 and are provisional. There may be additional fatal/nonfatal drug overdoses reported over this time period in subsequent reports as incidents that occurred from August 2021-October 2021 are not yet finalized.

Suspected drug overdose deaths captured in the DIDI database represent deaths under DCME jurisdiction and do not necessarily indicate Davidson County residency status of the decedent.

If you have information on unusual overdose activity, please contact the Overdose Response Program

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



SPIKE Alerts by Text
Information that can save lives
Get alerts about overdoses in your community



FG Trade/Getty Images

Partnership to End Addiction is working with organizations in your community to alert you when spikes in drug overdoses occur locally. This knowledge can help you take action to engage and protect your loved ones struggling with addiction.

Why it matters: Spike alerts can prompt families and community members to:

- 1 Have discussions about seeking treatment and/or using substances more safely
- 2 Protect people you care about by getting naloxone and learning how to use it
- 3 Talk to friends or loved ones who are not using substances about the risks of use
- 4 Advocate for and support efforts in your community to prevent overdoses

Text SPIKE to
855-9-OD-KNOW
(855-963-5669)

and follow the steps to
get messages on your
phone when overdose
spikes occur.

How it works: Health and law enforcement officials can release a "spike alert" to the media in response to a pattern of drug overdoses within a community. Partnership to End Addiction's SPIKE Alerts by Text program informs you when these alerts are issued.



Learn more:
drugfree.org/spike
or scan QR code to sign up now

Partnership to End Addiction is a nonprofit working to transform how our nation addresses addiction. Learn more at drugfree.org.



08/021

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

IMPORTANT NOTES FOR THE BASIC DATA MATRIX

Introduction to the Basic Matrix:

This basic matrix was designed to serve as a tool for basic data collection. It is a simple matrix containing what many (including Asilomar, ASPCA, National Federation, American Humane, UC Davis, Maddies Fund, PetSmart Charities and HSUS) have agreed are the minimum data points (along with definitions) an organization should gather. Whether organizations already gather a great deal of data or have only gathered the basics, this matrix should facilitate the roll up or merging of data at the local, regional or national level by providing a common framework. This matrix does not reflect any preference in data analysis or the calculation of rates but is rather simply a tool for data collection.

Tracking by Species and Age:

The risks associated with being an adult dog, puppy, adult cat or kitten (or neonate of any kind) in a shelter environment will vary a great deal. To help shelters assess and understand the differing risks for these populations of animals, this basic animal stats matrix includes a break out by species and age. If tracking statistics broken out by species and age is beyond the capacity of an agency, simply tracking statistics by species would be a place to begin. This document defines puppy and kitten as under 5 months of age (see below: Determining Age). Again – given the differing level of risk – breaking age down further to include a neonate category for both dogs and cats can also be very informative.

Determining Age:

This basic matrix utilizes 5 months as the break point between puppy/kitten and adult. At or near 5 months of age there are changes in the teeth which can help guide trained staff regarding proper categorization of the animal. For cats, at 4-5 months of age permanent canines, premolars and molars are coming in (all in by 6 months of age). For dogs, at 5-7 months of age permanent canines, premolars and molars are coming in (all in by 7 months of age). Source: "How to . . . series" from Animal Sheltering, http://www.animalsheltering.org/resources/magazine/may_jun_1996/how-to-determine-a-dog-or.pdf or contact the National Federation of Humane Societies for a copy of the document.

Beginning and Ending Shelter Counts:

These numbers help frame the population of the animals sheltered and cared for by the organization. We are recommending that a shelter do a walk through – physically counting the animals sheltered within the organization, and not forgetting to count those animals who have been admitted but who are not currently within the shelter (foster care, in the care of a veterinary hospital, etc).

Defining Owner Requested Euthanasia:

Some shelters offer pet euthanasia to the public as a service whose cost may be subsidized and therefore more affordable than local veterinary clinics, thus ensuring access to this service. Defining when euthanasia should be recorded as "at the request of the owner", or not, is the subject of much discussion.

For the purposes of this document, we are choosing to define owner INTENDED euthanasia as the euthanasia of a pet whose owner brought the pet to the shelter for that service. In other words, the owner brought the pet in specifically for that service – it was their intent before arriving.

Any other definition of "owner requested" euthanasia leaves much up to interpretation and therefore a great deal of variation among organizations and their reporting. We believe the simplicity of this definition helps to ensure consistent application and record keeping.

Live Admissions Only

For the purposes of this matrix we are tracking LIVE admissions only, i.e. animals who are alive when they come into an agency's possession. Animals who are dead when taken in to an agency's possession may be a data point to track, but that information is not tracked by this matrix.

What is Possession?

"Adoption" and "Transferred to another Agency" both make reference to possession. The primary concept here is one of ownership. For example, in foster care, the agency still has possession or ownership. If adopted or transferred to another Agency, possession is now with the new owner, or with another Agency.

Where are the "Others"?

This basic data matrix focuses on canines and felines. Many organizations also provide extraordinary services for other pets (pocket pets, rabbits, ferrets) and animals (wildlife), and that good work is not captured here.

Why a Basic Matrix?

This basic matrix was designed to serve as a tool for data collection. It is a simple matrix containing what many have agreed are the minimum data points an organization should consider gathering. By agreeing to this basic matrix - we hope organizations will gather AT LEAST this data, or if an organization all ready gathers a great deal of data, that they will consider rolling up their data into this format to help facilitate (if individual agencies are interested) data collection at a local, regional or national level, which would allow participating agencies to benchmark their work against similar agencies around their region or the nation. This matrix does not reflect any preference for the variety of live release rates used in animal sheltering and welfare. Most rates, other than full Asilomar which requires a conditions matrix, should be able to be calculated from the data points included.

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

Species By Age	Canine		Feline		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date:10/01/2021)	121	9	44	73	247
Intake					
Stray at large	211	22	50	66	349
Relinquished by owner	23	10	10	7	50
Owner requested euthanasia	4	0	1	0	5
Transferred in from agency	1	0	0	0	1
Other Intakes	9	6	5	0	20
TOTAL INTAKE	248	38	66	73	425
Outcomes					
Adoption	95	11	36	52	194
Returned to owner	90	2	5	1	98
Transferred to another agency	53	18	14	11	96
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	238	31	55	64	388
Died in care	0	0	0	0	0
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	36	1	7	3	47
Owner requested euthanasia	4	0	1	0	5
TOTAL OUTCOMES	278	32	63	67	440
Ending Shelter Count (date: 10/31/2021)	91	15	47	79	232
SAVE RATE:	85.25%	97.37%	89.23%	95.89%	88.81%

Ethics Presentation

Department of Law 2021

Goals of this training

1. Understand that you cannot accept benefits related to your role on the board.
2. Understand when you may be biased or have a conflict and should recuse yourself.
3. Remember to disclose knowledge you have received about an agenda item from outside the meeting.
4. Remember to articulate the specific reasons and basis for your decision.
5. Understand that the Open Meetings Act prohibits deliberation outside board meetings & Public Records Act makes almost all your emails open to the public.
6. Understand best practices for making informed decisions.

Goal (1): Understand that you cannot accept benefits related to your role on the board.

- * **Metro Code Chapter 2.222 is the general ethics ordinance and provides that all Metro employees** (this includes any official, officer, employee or servant, or any member of any board, agency, commission, or authority) **shall not**:
 - Accept or solicit any benefit that might reasonably tend to influence them to act improperly in the discharge of their official duties;
 - Use Metro property, services, or funds for personal purposes;
 - Use non-public Metro information for personal gain, or for the gain of any family member or other employer;

“shall not” continued

- Use a Metro position improperly to secure unwarranted privileges or exemptions for themselves, relatives or others;
- Accept other employment which might impair their independent judgment in the performance of their Metro duty;
- Accept any benefit which the employee should reasonably believe was intended to influence any action taken in the employee’s official capacity.

Limited Exceptions

You may accept these types of benefits, if no conflict or appearance of conflict otherwise exists:

- Awards of trifling value publicly presented in recognition of public service;
- Gifts unrelated to a person's position as a metro employee;
- Meals, beverages, food, promotional items, or hand-produced items of a value of up to \$25 from a single source in any calendar year;
- Free or discounted admissions, tickets, access to events or travel expenses from any single source of an aggregate value in any calendar year of up to \$100 or tickets of a face value in excess of \$100 if the event is generally recognized as an annual fund-raising benefit sponsored by a non-profit organization.

Metro Board of Ethical Conduct

- * Metro Code 2.222.040 creates the Board of Ethical Conduct to hear complaints and render advisory opinions about the standards of conduct or an executive order which regulates the ethical standards of conduct for employees of the metropolitan government.
- * Any elected official or member of a board or commission can request an advisory opinion from the Board relating to compliance.

Ethics Complaint Procedures

- * Complaints regarding elected officials or members of boards/commissions are made to the Board of Ethical Conduct.
- * Department of Law investigates, evaluates, and makes report to Board regarding whether the facts, if proven true, would amount to an ethics violation.
- * Board decides whether to hold a hearing.
- * If a hearing is held, parties are to be given an opportunity to present their case.

Penalties for Violations

The Board of Ethical Conduct can:

- Recommend to Council that the person be censured.
- Recommend that the person resign his/her position.
- Refer matter to district attorney general for prosecution.
- Refer matter to Director of Law requesting that civil action be initiated for restitution or other relief.

Goal (2): Understand when you may be biased or have a conflict and should recuse yourself.

- **You have a duty of independence.** This means you cannot act:
 - Based on your self-interest, or
 - Based on bias against or in favor of people you know personally, or
 - Based on the interests of the director or contractors with whom your board interacts.
- You must be impartial and act based on the law and evidence presented to you.

I have a potential conflict. Should I recuse myself?

Yes, if:

- * You are biased based on a personal interest (for example, where you will gain or lose \$ fairly directly from the decision), or
- * You are biased or prejudiced for or against a party either as an individual or as a member of a group (for example, you are close friends or business partners with someone and cannot be objective), or
- * You cannot fairly or impartially weigh the evidence because you have prejudged fact issues.

Source: *Martin v. Sizemore*, 78 S.W.3d 249, 266 (Tenn. Ct. App. 2001)
(involving a decision to suspend an architect's license).

Should I recuse myself? continued

No, if :

- * You will not gain or lose \$ fairly directly from the decision, and
- * You can be objective and do not believe your participation will create an appearance of impropriety. In that case, disclose potential conflict but state that you believe you can be unbiased and will participate.

If you are uncertain, please consult with staff and/or Metro Legal, because your participation in a decision may be challenged on appeal.

Goal (3): Remember to disclose knowledge you have received about an agenda item from outside the meeting.

- * Disclose knowledge from outside the meeting - or recuse.
- * Knowledge can include attempts to lobby you, outside the meeting.
- * Knowledge can include your expertise or experience with this type of issue or area of town when making a decision.

Source: *Byron Ave. 3501, LLC v. Metro. Historic Zoning Comm'n*, 2011 WL 2112774, at *9 (Tenn. Ct. App. 2011) (involving a decision to demolish Ransom School in West Nashville).



Goal(4): Remember to articulate the specific reasons and basis for your decision.

Acceptable reasons:

- * Criteria in the relevant guidelines or laws.
- * Facts presented at the meeting.
- * Past experience with similar issues.
- * Studies by experts or specific observations made by the public.

Specific reasons, continued

Unacceptable reasons:

- * Sympathy for the applicant or for people who are opposed to the approval.
- * Opposition that is not based on the relevant guidelines or laws (“this project may be noisy and we already have too much traffic”).

Source: *Demonbreun v. Metro. Bd. of Zoning Appeals*, 2011 WL 2416722 (Tenn. Ct. App. 2011) (overturning the BZA’s denial of a permit to operate a historic home event site).



Goal (5): Understand that the Open Meetings Act prohibits deliberation outside board meetings & Public Records Act makes almost all your emails open to the public.

- * Board members should absolutely avoid the use of email to discuss board issues or to invite comments from other Members concerning any public business.
- * It does not matter whether the email is a Metro email address or private email address.
- * Violations of the Open Meetings Act make decisions based upon these deliberations void. A judge may also order court-supervision of a board.



Source :Johnston v. Metro. Gov't of Nashville & Davidson Cty., 320 S.W.3d 299 (Tenn. Ct. App. 2009) (finding an open meetings violation when councilmembers deliberated about whether to adopt the Belmont-Hillsboro historic overlay through emails prior to their meeting).

What's a “meeting”

- A meeting is when two or more members of a governing body, with the authority to make decisions for or recommendations to a public body, meet and **make a decision or deliberate toward a decision**. T.C.A. § 8-44-102.
- Adequate public notice must be given for all meetings. T.C.A. §8-44-103.
 - Notice informs affected parties of their opportunity to be heard and gives them time to prepare for and anticipate the meeting.
 - Tennessee courts have determined that adequate public notice is sufficient notice under the circumstances that would fairly inform the public of the meeting. *Memphis Publ'g Co. v. City of Memphis*, 513 S.W.2d 511, 513 (Tenn. 1974).

What's not a “meeting”

The following are not considered meetings, as long as there is no decision made or deliberation toward a decision:

- * On-site inspection
- * Chance meeting/informal assemblage
- * Attorney-Client Executive Sessions
 - * Executive sessions with attorneys regarding anticipated or ongoing litigation are exempt from the Tennessee Open Meetings Act, but actual decisions regarding litigation must be made at an open public meeting.

Goal(6): Understand best practices for making informed decisions.

* Best practices for staff:

- Provide a detailed agenda for each meeting, ideally at least a week ahead of the meeting, so that
 - The public may be informed of issues to be deliberated or decided.
 - The board may review relevant documents or contracts in preparation for the meeting.
- Provide a staff report or recommendation for each agenda item, in written or oral form, with the reasoning behind this recommendation.
- Start each meeting with a declaration by any board members of conflicts and or recusals on agenda items.

Best practices, continued

* Best practices for board members:

- Make sure you understand the work of the department staffing your board – for example, meet the leadership, ask for a tour, review key organizational documents and contracts and understand the board’s legal role and some history of past decisions.
- Before each meeting, review the agenda and copies of the relevant documents or contracts that you will need to make an informed decision. Ask questions about anything you don’t understand. Note any conflicts that should be disclosed or warrant recusal.
- Consider adopting metrics for your board to measure whether you are acting timely or in accordance with your board’s duties.

Questions:

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