Metropolitan Board of Health of Nashville and Davidson County January 13, 2022, 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 4:05 p.m. in the Board Room, on the third 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

Gill C. Wright, III, MD, Director of Health

Michelle Pardue, DDS, Community Health Bureau Director

Rand Carpenter, DVM, Chief Epidemiologist

Jim Diamond, Finance and Administration Bureau Director

Angie Thompson, Director Behavioral Health and Wellness Division

Tom Sharp, Director of Policy and Legislative Liaison

Dr. Bob Vero

Derrick Smith, JD, Metro Legal

BOARD OF HEALTH

Approval of December 9, 2021, Meeting Minutes

Vice-Chair Smith made a motion to approve the December 9, 2021, meeting minutes, as distributed. Ms. Etherington seconded the motion, which passed unanimously.

Resolution Honoring Dr. Michelle Pardue

Chair Franklin read into the record a resolution honoring Community Health Bureau Director Dr. Michelle Pardue, who is retiring (<u>Attachment I</u>). Dr. Pardue thanked the board and expressed her gratitude for the opportunity to serve and said it had been an honor and privilege to work with the Department.

Approval of Grant Applications

There were no grants applications.

Approval of Grants and Contracts

Mr. Diamond presented four items:

1. Grant Amendment from the Tennessee Department of Health – Tobacco Prevention Promotion Services

Term: July 1, 2019-June 30, 2023

Amount: \$10,000

2. Grant from the Nashville Predators Foundation

Term: NA Amount: \$5,000

3. Partners in Participation Shelter Program Contract Agreement from the Boehringer Ingelheim Animal Health USA Inc.

Term: February 1, 2022-January 31, 2024

Amount: NA

4. Grant Amendment from the Tennessee Department of Health – Community Health Access & Navigation in Tennessee (CHANT)

Term: July 1, 2021-June 30, 2023

Amount: \$2,026,600

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

Behavioral Health Update

Angie Thompson provided an update on the Behavioral Health division (<u>Attachment II</u>). She recognized Dr. Bob Vero, founding chair of the Behavioral Health and Wellness Advisory Council and former CEO of Centerstone, who commented on the importance of community collaboration and coordination to address mental and behavioral health.

Update: Strategic Driver Dashboard

Dr. Wright referred to the proposed Strategic Driver Dashboard provided in the advance packet (<u>Attachment III</u>). He recognized Rand Carpenter and Matt Peters, who were instrumental in the draft's development. Board members offered suggestions.

Action to Waive Regulation No. 8 Regarding Vehicle Emissions Testing and to Require a Public Hearing on Rescinding It

Tom Sharp explained that emissions testing has been halted by Metro Council, the state vehicle emissions testing programs was to end January 14, and that the contract stipulates a 30-day termination notice. He requested the Board waive testing requirements until a resolution could be determined, which would require a hearing to comply with Metro ordinances.

Mr. Frederick made a motion to waive application of Regulation No. 8 regarding vehicle emissions testing from February 5, 2022, June 30, 2022, to and require a public hearing on rescinding it.

Vice-Chair Smith made a motion to waive Regulation No. 8, commencing on Feb. 5, 2022, and to delegate to Metro Public Health Department the responsibility of noticing, advertising, scheduling and conducting a public hearing on whether to rescind, repeal, or amend Regulation No. 8, then to report back to the Board on what comments were received, for the purpose of further consideration at a later Board meeting. Mr. Frederick seconded the motion, which passed unanimously.

Vice-Chair Smith made a motion to delegate to Dr. Wright the ability to appoint a hearing officer to consider Regulation No. 8. Ms. Etherington seconded the motion, which passed unanimously.

Discussion on Pay Equity Study

Jim Diamond sought clarity from the Board on their desire to have a Pay Equity Study conducted, considering the many layers of what might constitute equity. Chair Franklin explained that such a study is standard in the industry, and suggested engaging with Human Resources, and the Board if necessary, to propose how the study should be conducted. Mr. Diamond advised that any study apart from Metro's pay study, which might not encompass equity, would require funding. Chair Franklin and Mr. Frederick asked the department to share details about the Metro pay study and garner other resources.

Report of the Director

Dr. Wright referred to the update provided in the Board packet (<u>Attachment IV</u>) and highlighted a few topics therein.

Report of Chair

Chair Franklin asked Dr. Wright to convey to staff the Board's appreciation for their work in the pandemic while maintaining regular responsibilities.

Chair Franklin acknowledged the responsibility of the Board and Department to extol robust public health education and communications plan about stopping the transmission of the coronavirus.

New Business / Review of Board Requests

Ms. Etherington noted that On November 16, 2021, the Clinic Operations team accepted the Frontline Award at the 2021 Nashville Project Cure Gala. The award was given to honor MPHD nurses for their dedication to vaccine distribution at the months-long Music City Center vaccination clinic and several other locations. Laura Varnier accepted the award for the nurses and team. Ms. Etherington and the Board thanked Ms. Varnier and everyone who was involved in the vaccination efforts.

Board Requests:

- Robust public health education communications plan about stopping the transmission of COVID
- Consider equity concerns with regard to geographical location for pop-up events, for children's vaccines specifically
- Monthly update on the Equity Pay Study
- Final Strategic Plan by March
- Reinstatement of Director's regular newsletter to staff and Board
- Chair Franklin asked Board members to express interest in areas of the Department.
 - She asked Mr. Frederick to serve as a liaison to human resources and finance divisions; he agreed to keep things moving along regarding the pay equity study in human resources. Mr. Frederick expressed interest in coordination around Ending the Epidemic, the Ryan White Consortium, the PrEP and STD clinics, and being aware of coordination across the department. Chair Franklin asked Dr. Wright to make sure Mr. Frederick was connected.
 - Vice-Chair Smith and Ms. Etherington had both expressed interest in Behavioral Health, and drug overdose response.
 - Dr. Wright asked Board members to let him know of specific areas of interest so that he could provide information and updates in an efficient manner.
 - Chair Franklin asked Board members to provide new business topics to Dr. Wright or the recording secretary so the topics could be placed on the meeting agendas.

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

CIVIL SERVICE BOARD

Chair Franklin opened the Civil Service Board meeting.

Chair Franklin closed the Civil Service Board meeting and opened the public hearing.

Public Hearing: Requested Changes to Bureau Director Job Descriptions

Mr. Diamond requested approval of the proposed change to Bureau Director 1 Job Descriptions (Attachment V).

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

Vice Chair Smith made a motion to close the hearing. Ms. Etherington seconded the motion, which passed unanimously.

The matter will be presented for approval at the February 10, 2022, meeting.

Request to Schedule a Hearing Regarding Civil Service Rule 4.5A

Mr. Diamond requested the Board schedule a hearing to hear comments on proposed changes to Civil Service Rule 4.5A, Promotion and Reclassification. Mr. Smith explained the particulars of options available to the Board, and discussion was held.

Mr. Frederick made a motion to schedule a hearing on amending Civil Service Rule 4.5A, on a date to be determined by when proper notice and advertisement can be given. Vice-Chair Smith seconded the motion, which passed unanimously.

Personnel Changes

Mr. Diamond referred to the December 2021 Personnel Changes and noted a correction.

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

The meeting adjourned at 5:50 p.m.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, February 10, 2022 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209.

Tené H. Franklin, MS Chair



Resolution

- WHEREAS, The Charter of the Metropolitan Government of Nashville and Davidson County puts the Board of Health in charge of overseeing the "physical and mental health" of everyone in Davidson County; and,
- **WHEREAS,** That includes their teeth, and in a community of more than 700,000 people that's a lot of teeth; and,
- **WHEREAS,** For 23 years those teeth have had no greater champion at the Metro Public Health Department than Dr. Michelle Pardue; and,
- WHEREAS, Dr. Pardue instigated a hugely successful school-based dental program in the Metro Nashville Public Schools, starting with one hygienist in 1993; by 2001 there were eight; and
- WHEREAS, Dr. Pardue was the first Dental Director in the state to propose a dental hygienist for WIC, in 2017; now there are hygienists in WIC programs all over the state, getting infants and toddlers started on the path to good oral health; and,
- WHEREAS, Displaying her versatility, Dr. Pardue wrote the lyrics for "Baby Got Plaque," (based on Sir Mix-a-Lot's `Baby Got Back") complete with a video starring the dental staff as their alter egos, The Dental Divas, as a fun way to teach children about brushing; and,
- WHEREAS, Dr. Pardue has served the department and her community as MPHD's Director of Oral Health Services (2001-2019), and Director of the Community Health Bureau since May, 2018; and,
- WHEREAS, Dr. Pardue has contributed to the sound leadership of the Department as a valued, knowledgeable and patient member of the Department's Executive Leadership Team; and,
- WHEREAS, Dr. Pardue stepped up admirably during the COVID epidemic, taking on numerous time-consuming and difficult tasks invaluable to the community's response, all of which were outside of and in addition to her normal duties; and,
- WHEREAS, Dr. Pardue has represented the department on the Nashville Dental Society, TennCare Dental Advisory Committee, Tennessee Public Health Association, Middle Tennessee Oral Health Coalition, and Tennessee Dental Association, all of whom no doubt benefitted from her thoughtfulness and care; and,

- WHEREAS, Dr. Pardue received the Tennessee Public Health Association's Visionary Award in 2019, a choice with which we here at MPHD enthusiastically agree; and,
- WHEREAS, Michelle is characterized by her staff as ``very thoughtful ... understanding ... and always willing to allow time for the job to be done thoroughly and right," a description to which all could aspire; and,
- **WHEREAS,** Since Michelle speaks three languages (English, Spanish and French) and is known as an avid knitter, crocheter and traveler, she would seem to have many options in her retirement (look out, France!); and,
- WHEREAS, Michelle has conducted herself with grace, kindness, skill and good humor throughout her tenure at MPHD, earning her the respect and admiration of the entire department, the Metro government at large and the community we all serve;
- NOW, THEREFORE BE IT RESOLVED that the Metropolitan Board of Health of Nashville and Davidson County, on this 13th day of January, 2022, extends its sincerest thanks and appreciation to Dr. Michelle Pardue for her 23 years of dedicated service to the Metro Public Health Department and to the health and well-being of the citizens of Nashville and Davidson County, and wishes her the best of fortune in whatever the next chapter of life should offer her.

Tené H. Franklin, MS Chair, Metropolitan Board of Health of Nashville/Davidson County

Calvin M. Smith III, MD Vice-Chair Carol Etherington MSN RN FAAN Member

A. Alex Jahangir, MD Member David A. Frederick, MS Member Lloyda B. Williamson, MD Member

BEHAVIORAL HEALTH AND WELLNESS DIVISION UPDATE

January 13, 2022



Award Winning







WISION

Community Engaged and Responsive Behavioral Health System



Community Mental Health Systems Improvement (CMHSI)

MISSION: REDESIGN THE MENTAL HEALTH
SYSTEM OF CARE TO ADDRESS THE UNMET
NEEDS OF INDIVIDUALS WITH SERIOUS AND
PERSISTENT MENTAL ILLNESS SO THAT
PREVENTABLE AND AVOIDABLE
INCARCERATIONS DECLINE IN DAVIDSON COUNTY

GOAL: REDUCE THE NUMBER OF SOCIAL-EMOTIONAL AND BEHAVIORAL HEALTH CRISES REQUIRING INTERVENTION AMONG YOUNG PEOPLE AND ADULTS

- ✓ 24/7 Crisis Center Opens at MHC in 2019 support state ask \$15 million statewide assured \$2.9 million for building
- BHWAC established by Executive Order
- BHWAC recommendations to Mayor Cooper on behavioral health and crisis response needs in relation to Covid-19 and the Policing Policy Commission
- ▼ Task Force on Competency and Wellbeing intersection with CMHSI Diversion Workgroup
- Metro invested in Behavioral Health Crisis Response
 - Behavioral Health Needs Assessment
 - Partners in Care--Data to Action Reporting
 - Dedicated Epidemiologists



IMPACT OF CMHSI



Priority Areas

- Violence Prevention:
 Community-Based
 Solutions
- Prevention of
 Overdoses: Same-Day

 Access to Care
- Policy: Workforce
 Development and
 Access to Care

16 Organizations

Co-Chairs: MPHD and Matthew Walker Comprehensive Health Center

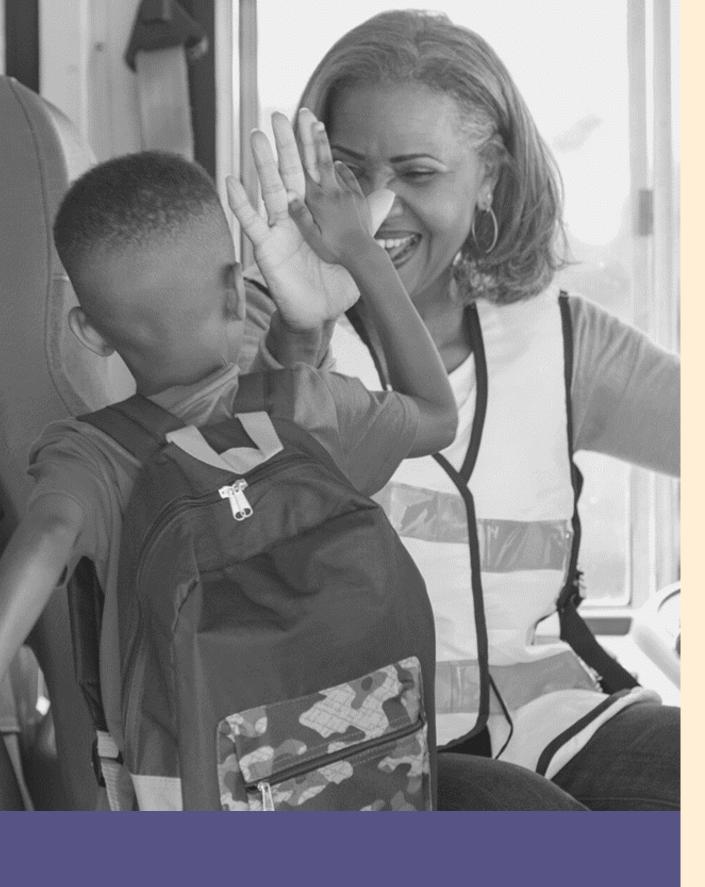
- Centerstone, Inc.
- Juvenile Court
- Mental Health Cooperative, Inc.
- Metro Nashville Government
- Metro Nashville Police Department
- Metro Nashville Public Schools
- NAMI Davidson
- Nashville General Hospital at Meharry
- New Way Now
- Renewal House
- TAADAS
- Tennessee Department of Mental Health and Substance Abuse Services
- Vanderbilt Behavioral Health
- Vanderbilt School of Medicine

ALL CHILDREN EXCEL (ACE) NASHVILLE

MISSION



TO PREVENT AND MITIGATE THE LIFELONG IMPACT OF CHILDHOOD ADVERSITY TO IMPROVE THE SAFETY, HEALTH, AND PROSPERITY OF OUR COMMUNITY



- Fully Funded Advocacy Centers
- √ 100% of MNPS Faculty and Staff Trauma-Informed Care Trained
- Roadmap to Resilience (R2R) National Rollout Spring 2022
- Launched Pediatrics Workgroup
- ✓ Centered Anti-Racism Efforts in Quarterly Meetings
 - Healing Racial Trauma: Equity for North Nashville
 - Mayor's Youth Council

PROJECT OUTCOMES



MISSION

Create a stigma-free culture of wellbeing where everyone can thrive and prosper

SUICIDE PREVENTION AND AFRICAN AMERICAN **FAITH** COMMUNITIES COALITION (SPAAFCC)

IMPACT OF SPAAFCC

- 1. Coalition:
- 75 Agencies
- 28 Faith Leaders/Churches
- 2. Power of pulpit advancing suicide prevention and promotion of mental wellbeing

- 3. Conferences and Trainings:
 - Suicide Prevention
 - Adverse Childhood
 Experiences

SCREENINGS AND EDUCATION

Mission: Provide non-emergent substance abuse and mental health screenings, recommendations, and referrals for uninsured adults and adolescents in Davidson County and increase awareness behavioral health issues and trauma informed practices.

Trainings

- Building Strong Brains
- Mental Health First Aid-Youth and Adult
- QPR (Question, Persuade, Refer) Suicide Prevention
- SAMHSA Trauma Training for All DCSO Personnel
- Mental Health and Substance Use Education Series – TDOC Davidson County Reentry Center

Screenings

- Mental Health
- Substance Use
- Psychosocial Needs

Review Panels

- Fetal Infant Mortality Review
- Domestic Assault Review Team

LESSONS LEARNED

1. Data to Action methodologies create immediate systems enhancements

2. Communityunderstands BehavioralHealth Systems Change(Population Level) andMPHD's leadership

3. All the right organizations are at the table for community-engaged systems change

MOVING FORWARD

1. Expand outreach and engagement in underserved and diverse communities

2. Build and innovate based on data/findings from Behavioral Health NeedsAssessment (BHNA)

- 3. Continue Division
 leadership focused on
 behavioral health systems
 change:
 - Grow R2R work
 - CMHSI support of Competency and Wellbeing Taskforce Recommendations
 - Establish epidemiologic reporting

Attachment IV

Director's Update to the Board of Health January, 2022

Protecting Health – Preventing the Spread of Infectious Disease

COVID

"Covid bad." --- Gill C. Wright III

STATUS

Studies from multiple countries indicate that, proportionally, fewer people are becoming seriously ill with the omicron variant. This is likely due to a combination of previous immunity through infection and vaccination among large numbers of the global population, and that omicron does not affect the lower respiratory system as much as the delta variant.

But omicron is highly infectious. Reported daily infections have increased to their highest point in the pandemic, with 40% of those tested resulting as positive as of January 7. Hospitalizations are up with the very high case load, but have increased at a slower rate than a comparative time period at the beginning of the summer 2021 delta wave (172% increase in hospitalizations from 12/5/2021 to 1/5/2022, compared to a 385% increase in hospitalizations from 7/3/2021 to 8/3/2021). ICU admissions and ventilated patients are increasing at a much slower rate during this surge than during the analogous portion of the delta surge. However, Davidson County hospitals are still under pressure because hospitalizations started at a higher baseline than at the beginning of the delta surge in July, so the quantity of hospitalized patients is still very high.

While the rates of change are slower than with the delta surge the volume of cases admitted to hospitals has continued to increase, adding onto the prior high baseline, and setting hospitalizations on a pace to meet and possibly exceed the number of hospitalized patients during the peak of the delta surge last summer. While the individual risk level to most vaccinated people is low with the omicron variant, the pressure this wave is putting on community-shared resources is high due to the sheer volume of cases and a large proportion of the population that remains unvaccinated.

Vaccine trends

Davidson County vaccinations have come to a near stall in terms of fully vaccinated individuals. From the beginning of November to January 6, the percent of fully vaccinated individuals in Davidson County increased from 58.1% to 62.8%, an 8% increase. The vast majority of these were pediatric doses.

MPHD continues to participate with partners and host educational events with community leaders and the public to address vaccine hesitancy, but by and large those who will get a vaccine have seemingly done so and those who will not get a vaccine are sticking to their decision. We do not believe that vaccine access is a significant issue, and that the stall in vaccine uptake is due to personal choice.

We have started administering boosters to children between 5 and 12 years old at all vaccine sites and pop-ups.

Community strike team events, or "pop-ups"

Strike teams have conducted 369 testing and/or vaccine events since July 2021, 48 of which were in December, and administered over 15,000 vaccines in the last half of 2021. Strike teams have been an integral component of MPHD's response since April 2020, providing testing and vaccines at places and times that make sense for various communities and in coordination with trusted community partners. The

outreach strategy for these teams is ever adapting to community trends and they rapidly amend their schedules to accommodate emerging needs, especially during case surges. In response to the omicron variant, strike team events have become slightly more testing-focused rather than vaccine-focused to accommodate community need and demand. We would be remiss not to mention the flexibility and adaptability of the strike teams that have established and deployed testing PODs on a moment's notice throughout the entire pandemic response, and most recently during the last few weeks of this surge. They are filling gaps in services while MPHD and other Metro agencies work with contracted partners to scale up current operations by providing accessible and efficient testing to the community. For example, Emily Gibson, our Strike Team Coordinator, most recently planned the New Year's Eve testing event in just a few hours to meet some of the testing demand over the holiday weekend. Ten strike team members showed up on the holiday, evidence of their determination to serve our residents.

MPHD is expanding the strike teams' staffing to accommodate even more expanded testing options and availability throughout the county, and on evenings and weekends. Pop-up drive thru events will take place in the Lentz parking lot on evenings when there are no other events planned, and strike teams will also staff the Charlotte Pike assessment center on Saturdays through January.

FLU

We continue to offer flu vaccines for the 2021-2022 season. Flu vaccines remain free through the remainder of the flu season, typically until April or May. Any individual interested in a flu vaccine is encouraged to call and make an appointment at the preventive clinic that is most convenient for them (Lentz, East or Woodbine).

Improving Health - Services to Individuals & Families

WIC

The increase in money for WIC families to purchase fruits and vegetables was federally extended through March 31, and we have already reissued for all our participants.

Also, the libraries have let us know our WIC Outreach team cannot use the community rooms until February; we had hoped to start this month. As a result Outreach team will continue to be mostly virtual until then. All other clinics are working a hybrid approach, having families come in when we need them to be in person for normal federal requirements.

Dental

The School Based Dental Prevention Program hygienists are back as the children return to schools. We have three new hygienists who are very excited to help these children gain access to free dental care.

The Lentz Dental Clinic has provided services for many emergency patients around the holidays while managing our normal, full patient load.

Organizational Updates

CSME

Dr. Kenton A. Dodd will begin his term as the Civil Service Medical examiner the week of Jan 10. Dr. Dodd comes to us from his post as the Senior Medical Officer at the VA hospital here in Nashville. He had worked for the VA since 2009 after a three-year stint as Medical Center Director for Concentra, also in Nashville. He has a bachelor's degree from Tennessee State, a masters from the University of Minnesota, and the MD from Meharry Medical College. We welcome him aboard.

BUDGET

In case you missed Mr. Diamond's email recently, a reminder that we have received our FY23 budget memo.

It is encouraging to see the Mayor's #1 priority is to sustain an equitable emergency response to the pandemic. Mentions of supporting public health approaches to disease management, health equity, and access and behavioral health impacts of the pandemic are key areas we have focused on for the last two years and undoubtedly will be going forward. Also encouraging was the mention of equity as one of the two key principles that will guide public investment in the three priorities listed.

For the second consecutive year, it was disappointing to see the 2% reduction scenario. Last year, we did not take any cuts, and we sincerely hope that will maintain through this budget. Nevertheless, we will still need to submit our proposed cuts as directed.

With a FY22 local budget of \$28.2 million, we will need to propose a cut of about \$564,000. We won't get to this level without proposing losing local positions.

There is a very tight turnaround for our submissions this year, which are due February 11.

The memo does not mention any potential salary improvements, but there have been some informal discussions about a potentially sizeable cost-of-living increase due to inflation.



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
- **NACCHO Grant (application submitted and awarded)
- The "Community Overdose Prevention and Empowerment" project will deploy community health educators and enhance surveillance though surveys and listening sessions so authentic community voice is incorporated into overdose prevention strategies, messaging, and materials.

**SAMHSA GAINS Center Sequential Intercept Model (SIM) Mapping Workshop Grant (application submitted and awarded)

- SIM Workshops are designed bring together a local, multidisciplinary group of key stakeholders from a particular jurisdiction to facilitate cross-system collaboration...

INTERVENTIONS AND ACTIVITIES

Overdose Fatality Review (OFR) Panel

- Seeks to examine and understand the circumstances surrounding fatal drug overdoses occurring in Davidson County. **Meetings occur monthly.**

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/Public Safety Partners

- Collaborating with prevention partners/public safety 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.

**SAMHSA GAINS Center Sequential Intercept Model (SIM) Mapping Workshop

- Initial planning meeting currently being scheduled for mid to late January.

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.aspx

MEDIA

The Tennessean "Police: Man charged after woman dies of fentanyl, cocaine overdose" - December 20, 2021

https://www.tennessean.com/story/news/crime/2021/12/20/man-charged-after-nashville-woman-dies-fentanyl-cocaine-overdose/8966250002/

Metro Nashville Police Department "Convicted Drug Felon Now Jailed on 2nd Degree Murder Charge for Supplying Fentanyl/Cocaine Mix" - December 17, 2021

https://www.nashville.gov/departments/police/news/convicted-drug-felon-now-jailed-2nd-degree-murder-charge-supplying-fentanyl

The Center for Forensic Science Research & Education "New Synthetic Opioid Protonitazene Increasing in Prevalence as "Nitazenes" Gain Traction Across the United States and Canada" - December 10, 2021

https://www.npsdiscovery.org/new-synthetic-opioid-protonitazene-increasing-in-prevalence-as-nitazenes-gain-traction-across-the-united-states-and-canada/

Tennessee Office of the Governor "Gov. Lee Authorizes Tennessee Guard Deployment to Southern Border as Drug Crisis Surges" - December 7, 2021

https://www.tn.gov/governor/news/2021/12/7/gov--lee-authorizes-tennessee-guard-deployment-to-southern-border-as-drug-crisis-surges.html

WSMV Channel 4 "Nashville mom speaks out about her daughter's struggle with substance abuse" - December 5, 2021

https://www.wsmv.com/news/nashville-mom-speaks-out-about-her-daughters-struggle-with-sub-stance-abuse/article_a62014ec-5653-11ec-bde5-b7ce9f32452b.html

WSMV Channel 4 "3 people dead after suspected overdoses in Hermitage area" - December 4, 2021 https://www.wsmv.com/news/3-people-dead-after-suspected-overdoses-in-hermitage-area/article-cf900f4a-554e-11ec-ae39-d34706313eef.html

Healthline "New Opioids Called Nitazenes May Be 20 Times Stronger Than Fentanyl" - December 2021 https://www.healthline.com/health-news/new-opioids-called-nitazenes-may-be-20-times-stronger-than-fentanyl

SPIKE ALERTS

- Since implementation in June 2021, the SPIKE Auto Text Program has been utilized 6 times (June 9, July 16, August 13, September 2, October 4, and December 4).

PAGE 1 ***All Data are Provisional***



<u>Data and Surveillance</u> Suspected Fatal Drug Overdoses

- At the time of this report, there were **701 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 75% of overdose-related toxicology reports in 2021 (78% in 2020).
- Monthly Average

2020: 51.8 suspected overdose deaths 2021: 58.4 suspected overdose deaths

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

- At the time of this report, there were **2,579 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: 214.9 overdose-related ED visits

Suspected Drug Overdoses Requiring NFD-EMS Response

- At the time of this report, there were **5,746 suspected overdoses requiring NFD-EMS response** in 2021, representing a **1% decrease** compared to the same time period last year.

- Monthly Average

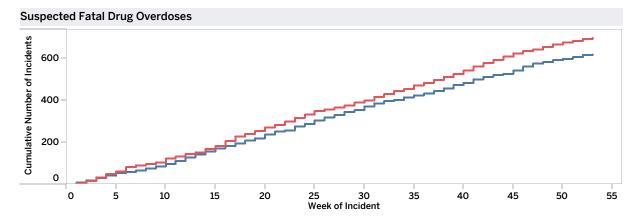
2020: 484.9 suspected overdoses 2021: 478.8 suspected overdoses

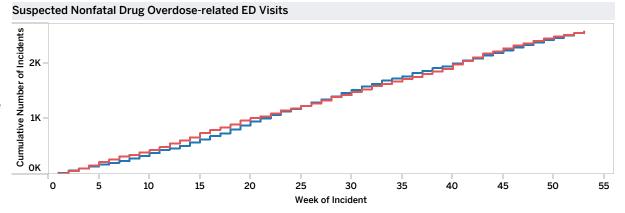
Syringe Containers Collected in the Community

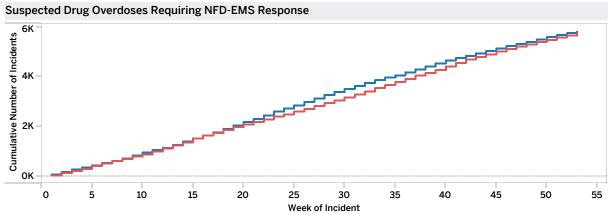
- Through November, there have been **1,683 syringe containers collected** by the Metro Public Health Department in 2021, representing an **72% increase** compared to the same time last year (each syringe container in estimated to collect between 400 and 430 1cc syringes).
- Monthly Average

2020: 88.7 containers 2021: 153.0 containers

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







PAGE 2 ***All Data are Provisional***



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

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 (Note: MPHD receives syringe containers from organization implemented the SSP for disposal as medical waste)

Supported by ORP

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.





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



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:

- Have discussions about seeking treatment and/or using substances more safely
- 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
- 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.



Overdose Response Program

Trevor Henderson | Director

Email: trevor.henderson@nashville.gov

Bridget Del Boccio | Coordinator

Email: bridget.delboccio@nashville.gov

Madelynne Myers, MPH | Coordinator

Email: madelynne.myers@nashville.gov

Brigid Vingan, LMSW | Social Worker

Email: brigid.vingan@nashville.gov

Josh Love, MPH | Epidemiologist

Email: josh.love@nashville.gov

Haley Hershey, MPH | Epidemiologist

Email: haley.hershey@nashville.gov

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 January 4, 2022 and are provisional. There may be additional fatal/nonfatal drug overdoses reported over this time period in subsequent reports as incidents that occurred from October 2021-December 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

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

1. Change Reporting Language in Bureau Director 1 Job Description

Action Requested: Change language in the Bureau Director 1 job description from current, "Reports to the Director of Health," to Reports to the Director of Health, Interim Director, or Director's designee.

Justification: Allows more flexibility within the reporting structure.

2. Change Reporting Language in Bureau Director 2 Job Description

Action Requested: Change language in the Bureau Director 2 job description from current, "Reports to the Director of Health," to Reports to the Director of Health, Interim Director, or Director's designee.

Justification: Allows more flexibility within the reporting structure.



Class Title: Management Series	Fair Labor Standards Act (FLSA): Exempt
Salary Grades: M1:OR05; M2:OR07; M3:OR09;	Revision Date:
BD1:OR12; BD2:HD03	Effective Date:

Series Objective:

Leads, manages, organizes, directs, and coordinates service delivery of one or more programs. Supervises staff. Provides strategic and operational planning for program(s). Plans, implements, and evaluates services provided and delivers continuous quality improvement. Prepares reports, proposals, and applications. Plans and provides for cost-effective operational use of resources and participates in budget preparation. Establishes, implements, and modifies strategies, policies and procedures consistent with program and departmental needs and goals.

Major Responsibilities:

- Leads and manages a program, programs, office or bureau. Takes responsibility for program outcomes as well as effective fiscal and personnel management.
- Interviews, hires, coaches, and trains new employees. Evaluates and reviews employee
 performance in a timely fashion; approves leave requests; counsels and corrects employees as
 needed; identifies staff development needs and facilitates training and learning opportunities.
- Reviews financial statements, activity reports, and other performance data to measure productivity and goal achievement and to determine areas needing cost reduction and program improvement.
- Develops and executes program plans and operations in coordination with appropriate stakeholders in the department and the community. Maximizes community benefit by taking a systems approach to service delivery.
- Practices quality improvement, data analysis, program planning and program evaluation.
- Establishes and implements departmental policies, goals, objectives, and procedures in a fair and impartial manner.
- Prepares regular progress reports. Communicates with internal and external stakeholders as needed for visibility and success of the program. Takes initiative to identify and solve problems.
- High verbal and written communication skills and strong problem solving abilities.
- Demonstrates MPHD's core values of Professionalism, Respect, Integrity, Dedication, and Equality (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.

Classification Distinguishing Characteristics (Responsibilities and Competencies are Cumulative) **Health Manager 1** Manages a program or a few small programs. Is expected to also be able to perform the duties in the classification series predominantly managed. Primary focus is on program success. May or may not be qualified to manage other departmental programs that focus on a different subject matter. Promptly evaluates staff and addresses performance/disciplinary issues as needed. Maintains knowledge of core public health functions and their application. May include grant management, which includes financial oversight of grant funds and contracted dollars and delivery of specific grant and contract results and reports. Graduation from an accredited college or university and two (2) years of progressively responsible full-time paid employment in related field required. One (1) year within the past two (2) years in a public administration/supervisory capacity preferred. Completed graduate degree in a directly related field may be substituted for one (1) year of the required experience. Possess required competencies upon hiring. The position has supervisory responsibilities. May report to a Manager or Bureau Director. Required Competencies: Knowledge of standard practices and • Task-Relevant Knowledge: procedures necessary to accomplish tasks. • Strategic Task Management: Matching the appropriate people and resources in the organization to maximize task performance. Maintaining task performance through times of turbulence. **Designing Work Systems:** Designating the responsibilities of individual jobs and structuring the work of groups in organizations. **Reinforcing Success:** Measuring and tracking progress toward goals to evaluate individual and group performance and provide feedback. Rewarding positive work behavior to reinforce activities that are aligned with the goals of the work group and the organization. **Multi-Tasking:** Working on a variety of tasks simultaneously and shifting one's resources between multiple systems when needed. Managing Personnel Policies: Developing and monitoring policies, programs, and procedures related to work practices and compensation. Instituting and Following Fair Procedures: Instituting and applying rules and procedures in a consistent, unbiased, accurate, and correctable

fashion so that subordinates know that fair rules are being used.

- **Financial Ethics:** Understanding and following ethical financial management and accounting principles.
- Work-Place Ethics: Understanding and following ethical guidelines at one's work place.
- *Eliminating Barriers to Performance:* Identifying roadblocks and redundancies in work processes. Promoting improvements in task performance.
- **Follow Through:** Maintaining that one's promises are realized in behavior; doing what one said one would do.
- **Being Accountable:** Accepting responsibility for the effects of one's own actions.
- Honesty and Integrity: Behaving in an honest and ethical manner.
- Coaching, Developing, Instructing: Coaching, teaching, and advising others to help them develop their knowledge and skills. Creating individual development plans. Selecting appropriate training courses to address developmental needs.
- Personnel Decision Quality: Making good personnel decisions by identifying and assessing the knowledge, skills, and experiences needed to successfully perform a role in the organization.
- **Seeking Improvement:** Constantly looking for ways that one can improve one's organization.

Health Manager 2

In addition to the previous responsibilities and competencies:

Manages a sizable program or programs in terms of: number of employee, budget, subject matter complexity and/or operational risk to the organization or the public. Has sufficient training and experience at the time of hiring to lead in the program's area of focus. Uses data, knowledge of best practices in the program's area of focus, and uses community stakeholder input to modify program design, improve efficiency or effectiveness, achieve improved program results, and/or promote policy or systems change. Leads continuous quality improvement efforts. Regularly leads a program to operational success, but also serves as a publicly recognized leader in the field and in the community and/or as a leader furthering the goals and strategic plan of the department. May or may not be qualified to manage other departmental programs that focus on a different subject matter.

Work at this level usually involves active participation in conferences, meetings, hearings, or presentations involving problems or issues of considerable consequence or importance. May actively and collaboratively participate on the Leadership Team.

Graduation from an accredited college or university and three (3) years of progressively responsible full-time paid employment in related field required. Two (2) years must have been in a public administration/supervisory capacity. Completed graduate degree in a directly related field may be substituted for one (1) year of the required experience. Demonstrated success as a manager, administrator and team builder. Possess required competencies upon hiring.

The position has primary supervisory responsibilities. May report to a Manager or Bureau Director.

Required Competencies:

- Enhancing Task Knowledge: Involving the group in discovering methods to enhance task performance and redirecting the group to achieve better task completion
- **Developing and Building Teams:** Managing inertia and conflict during the formative stages of group functioning. Enhancing the performance of a group and the satisfaction of its members by promoting cooperation, trust, and confidence in the group.
- Adaptability: Adapting to changing or dynamic situations.
- **Developing External Contacts:** Developing portfolio of external contacts within the professional community.
- **Communicating with the Community:** Communicating organization's intentions and activities to the public (e.g., local press, radio, television) and representing the organization in community affairs and public activities to promote awareness and foster goodwill.
- **Analyzing Data:** Summarizing and making inferences from information through the application of statistics and qualitative analyses.
- **Problem Identification:** Pinpointing the actual nature and cause of problems and the dynamics that underlie them.
- Creative Problem Solving: Using novel ideas to solve problems as a leader.
- *Openness to Ideas:* A willingness to listen to suggestions from others and to try new ideas.
- Research Orientation: Observing the behavior of others, reading extensively, and keeping your mind open to ideas and solutions from others. Reading and talking to people in related fields to discover innovations or current trends in the field.
- Valuing Diversity: Encouraging a wide range of viewpoints among team members in order to avoid groupthink and create more culturally sensitive solutions.
- Stress Tolerance: Remaining effective even when situations become

stressful.

Health Manager 3

In addition to the previous responsibilities and competencies:

Manages a sizable program or programs in terms of: number of employee, budget, subject matter complexity and/or operational risk to the organization or the public and/or a program or office requiring highly specialized education or experience. Demonstrated performance achievement in strategic and systems leadership required. Has the training and experience to lead in the program's area of expertise. May or may not be qualified to manage other departmental programs that focus on a different subject matter.

May actively and collaboratively participate on the Leadership Team.

Graduation from an accredited college or university and four (4) years of progressively responsible full-time paid employment in related field required. Three (3) years must have been in a public administration/supervisory capacity. Completed graduate degree in a directly related field may be substituted for one (1) year of the required experience. Masters or doctoral degree or other specialized credentials in a specific or related field and/or significant leadership and management ability may be required for some positions. Demonstrated success as a manager, administrator and team builder required. Possess required competencies upon hiring.

The position has supervisory responsibilities. Generally reports to a Bureau Director. Positions within this classification that are assigned to the Director's Office may report to Reports to the Director of Health, his/her designee, or to an Interim Director of Health as may be appointed by the Board of Health. Required Competencies:

- Coordinating Work Activities: Coordinate the work-related activities
 necessary for task completion of all relevant constituents (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.
- Managing Information Resources: Understanding information needs and providing access to efficient tools for project management, data analysis, strategic planning, and process controls.
- Maintaining Quality: Evaluating materials and information produced against a set of standards through the use of measures of quality in order to track system and/or group progress.
- **Benchmarking:** Facilitating communication outside of the organization to identify and integrate the best practices in task design and performance.
- **Generating Ideas:** Coming up with a variety of approaches to problem solving.
- Collaborating: Working with others and seeking the opinions of others to

reach a creative solution.

- *Open-Door Policy:* Promoting a climate of openness and trust. Allowing individuals who are upset about an aspect of the organization to voice displeasures without retribution or repercussions.
- Nurturing Relationships: Building positive and cooperative working relationships with others. Maintaining relationships over time.
- Assessing Others: Evaluating the strengths and weaknesses of others' efforts at learning or performing tasks.
- *Inspiring:* Convincing others to believe in the organization's values and to act in accordance with those values.
- Self-Awareness: Assessing one's success in learning or working activities
 and being honest about said judgments. Knowledge of one's strengths and
 weaknesses and knowledge of one's boundaries and limits.
- Challenging the Status Quo: Willingness to act against the way things have traditionally been done when tradition impedes performance improvements.

Bureau Director 1

In addition to the previous responsibilities and competencies:

Directs a departmental bureau as defined by the Director of Health. Bureaus provide administrative homes for major organizational units or lines-of-business of the department. May or may not be qualified to manage other departmental bureaus that focus on a different subject matter.

Expected to be able to articulate and communicate a clear vision, be a role model in management and development of personnel, regularly practice networking, relationship building and partnership development, and be politically astute. Role models public health leadership. Builds and supports capacity department-wide to facilitate accomplishment of the department's strategic plan. Communicates regularly and effectively with internal and external stakeholders.

Utilizes assessments, data, epidemiological or other evaluation processes to do strategic planning and influence the overall direction of the bureau within the department and the larger public health system. Evaluates, prepares and disseminates reports on the effectiveness of programs within bureau. Monitors trends related to bureau activities and makes decisions using quality improvement methods and feedback from the Director of Health, the Executive Management Team, and staff collaboration.

Work typically is conducted within a framework of largely undefined issues and elements requiring extensive probing and analysis to determine the nature and scope of the issues and how to effectively problem solve. Strong department-wide

team mentality and an ability to prioritize what is best for the organization, over what is best for the Bureau or its staff members is required. Consults with other agencies and funding sources and provides grant oversight in pursuit of bureau and departmental goals.

Directs the various aspects of strategic planning, key results metrics and essential job functions for the bureau and assures quality in the outcomes and services provided. Collaborates with other Bureau Directors to provide leadership to the department and support for the Director of Health.

Represents the Director of Health and the department at meetings with other departments, regions, agencies, groups and individuals as designated by the Director of Health.

Actively and collaboratively participates on the Executive Management Team (EMT) and Leadership Team.

Graduation from an accredited college or university and five (5) years of progressively responsible full-time paid employment required. Four (4) years must have been in a public administration /supervisory capacity. Completed graduate degree in a directly related field may be substituted for one (1) year of the required experience. Demonstrated success as a manager, administrator, leader and team builder required. Possess required competencies upon hiring.

The position possesses full supervisory responsibilities. Reports to the Director of Health.

Required Competencies:

- **Visioning:** Developing an image of an ideal working state of an organization.
- **Perceiving Systems:** Acknowledging important changes that occur in a system or predicting accurately when they might occur.
- Political Savvy: Knowledge of the political climate and how decisions will be affected by the organization's culture.
- **Managing the Future:** Evaluating future directions and risks based on current and future strengths, weaknesses, opportunities and threats.
- Reinforcing Change: Encouraging direct reports to come up with innovative solutions. Recognizing and rewarding those who take initiative and act in a creative manner. Facilitating the institutionalization of change initiatives.
- Resolving Conflicts/Negotiating: Dealing with complaints, resolving conflicts and grievances of others. Encouraging others to come together and reconcile differences.

- **Explaining Decisions in a Respectful Manner:** Explaining decisions that affect direct reports thoroughly and in a manner that demonstrates dignity and respect for direct reports.
- Supporting Ethical Behavior of Direct Reports: Instituting, training, and
 reinforcing policies to maintain that direct reports treat each other and
 the organization fairly and with respect and dignity. Disseminating
 information about laws and regulations to direct reports and make sure
 that they follow laws and regulations by overseeing, monitoring, and
 auditing behavior. Disciplinary action should be taken against those who
 do not comply with laws and regulations.
- Distributing Rewards Fairly: Supporting that pay, recognition, and other rewards are distributed in a fair manner, with clear guidelines and enforcement of those guidelines.
- Responsibility for Others: Willingness to be responsible for the behavior
 of direct reports in one's organization and correct their unethical
 behaviors.

Bureau Director 2

In addition to the previous responsibilities and competencies:

Directs a departmental bureau as defined by the Director of Health while concurrently serving in one or more clinical areas which require the services of a licensed physician or dentist. These activities may involve seeing and treating patients and supervision of clinics or clinical personnel, including but not necessarily limited to nurses, nurse practitioners, dental assistants, and dental hygienists.

Graduation from an accredited School of Medicine or School of Dentistry with an M.D., D.D.S, or D.M.D Degree with 5 years of experience in either a generalized or specialized public health program.

Possession of a license to practice medicine or dentistry in the State of Tennessee or eligible for licensure.

Demonstrated success as a manager, administrator, leader and team builder required. Possess required competencies upon hiring.

The position possesses full supervisory responsibilities. Reports to the Director of Health.

Minimum Qualifications:

- Bachelor's degree required. Graduate degree preferred. Some positions may require specific advanced degrees.
- Valid class "D" driver's license, use of personal vehicle, and maintenance of valid personal vehicle insurance as required by Tennessee Law.
- Possess required competencies upon hiring.
- Skill in oral and written communication
- Ability to establish and maintain effective working relationships

Working Environment/Physical Demands:

- Work environment generally involves the everyday risks or discomforts that require normal safety precautions typical of such places as offices, meeting and training rooms, etc.
- Works primarily in an office setting. Work is generally sedentary, however, there may be some walking; standing; bending; carrying of light to medium weight items.
- Specific positions may have higher safety and/or physical requirements, in such cases the requirements will be disclosed in the position announcement as vacancies occur.
- Organizing, Planning, and Prioritizing Work

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 series. Employee may perform other related duties as needed to meet the ongoing needs of the department.