

FRIENDS OF MACC

2021 IMPACT REPORT

Building Community. Saving Lives.



WHAT'S INSIDE



Olive, a kitten saved thanks to MACC's Emergency Medical Fund, which your support provides.

REPORT HIGHLIGHTS

Letter from the Chair
Highlights from the Previous Year
Facts and Figures
Major Goals for 2022
Summary
The Friends of MACC Board

THANK YOU FOR SUPPORTING NASHVILLE'S HOMELESS ANIMALS

In another unpredictable year, one thing remains constant: Nashville's devotion to animal welfare. And we are extremely grateful for your continued support of Metro Animal Care and Control (MACC), Davidson County's only open admission shelter.

Your support helped save more than 4,000 animals in 2021 that were abandoned, injured, or homeless here in Nashville. You also provided resources for more than 2,000 families in need that allowed them to keep their pets happy, safe, and healthy -- and at home. All this led to a 90.5% save rate for the animals in our care.

We hope this report provides insight into how your dollars saved lives and that it makes you proud to be part of the MACC Pack!

Brandon Dyce
Chair



Foster pup Winnie, who was abandoned in a crate after just having had puppies.

THE CHAIR

LETTER FROM

MACC'S 2021 COMMUNITY IMPACT

4K ANIMALS CAME TO THE SHELTER

SAFETY NET PROGRAM

FIELD SERVICES

1,591

Pet Adoptions

1,059

Placed In Rescue

1,000

Returned Home

2,445

Kept in Home

18K

Responses by ACOs

90.5%

SAVE RATE FOR ALL ANIMALS

Free resources for families to care for and keep their pets

Averages 49.3 calls responded to per day

OUR MISSION



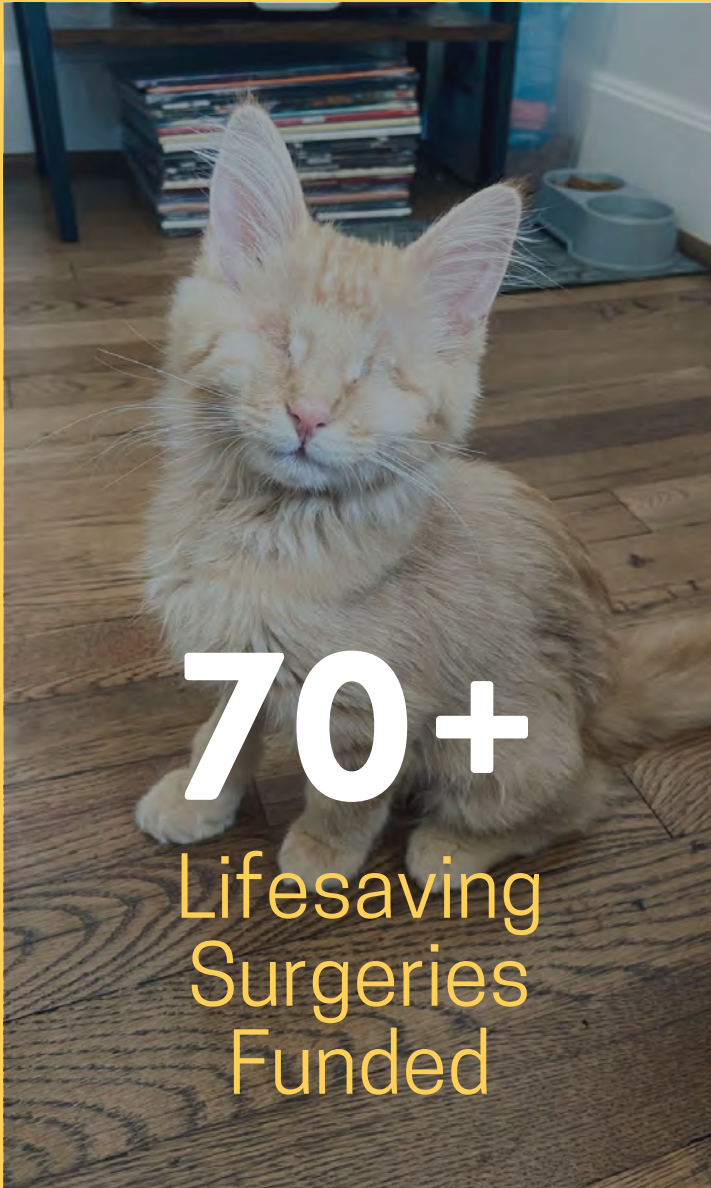
AMPLIFY MACC'S IMPACT

by supporting lifesaving initiatives and engaging the community to prevent pet homelessness in Davidson County



2021 Major Highlights

EMERGENCY MEDICAL FUND



70+

Lifesaving Surgeries Funded

\$25K

NEW OUTDOOR PLAY YARDS

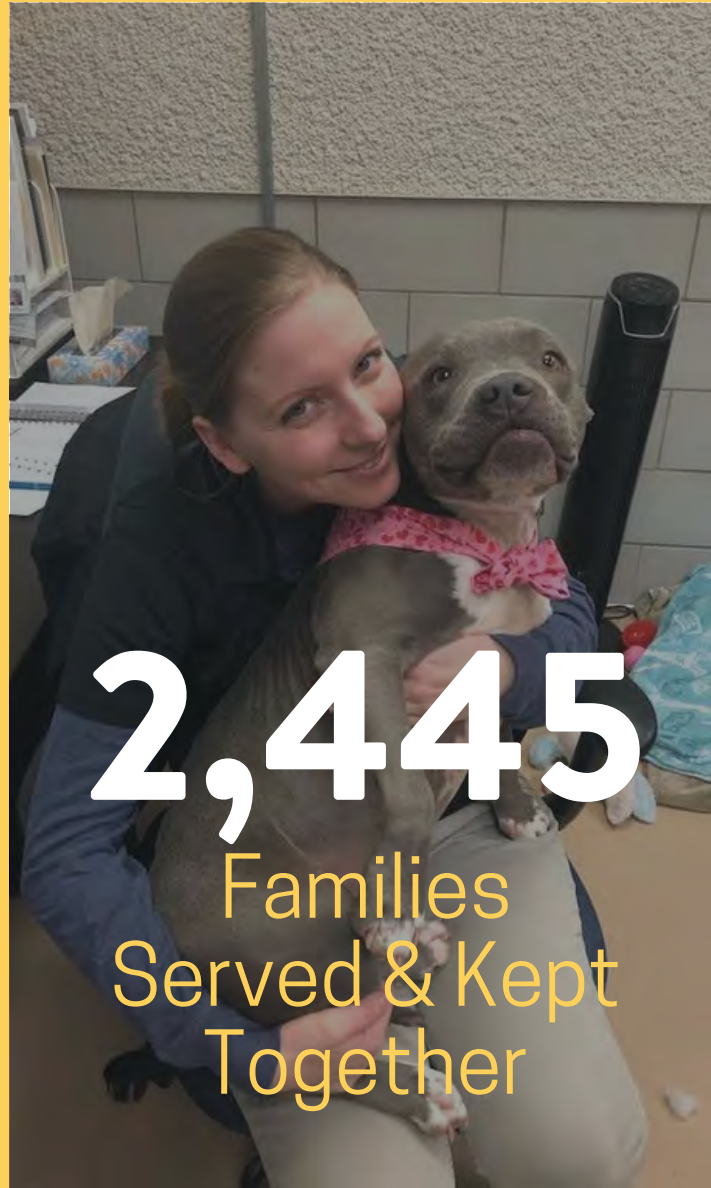


2,300

Square Feet of Play Yards Created

\$20K

SAFETY NET PROGRAM

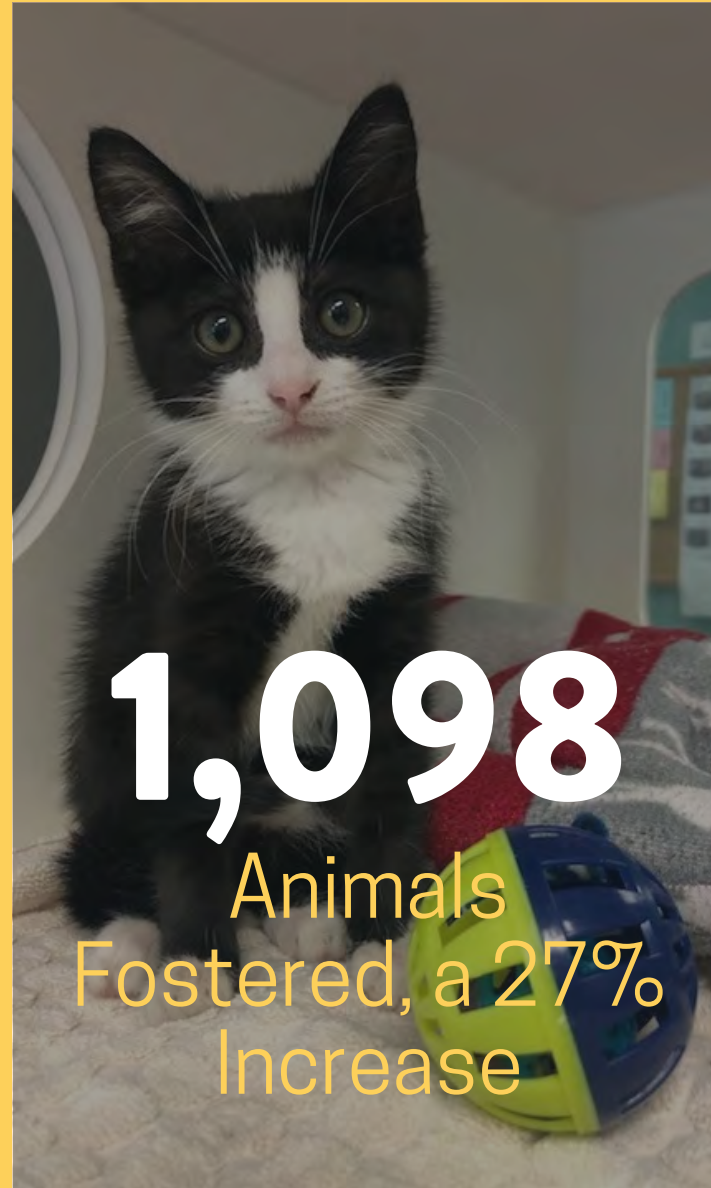


2,445

Families Served & Kept Together

\$13K

FOSTER PROGRAM



1,098

Animals Fostered, a 27% Increase

\$11K

COMMUNITY MICROCHIPS



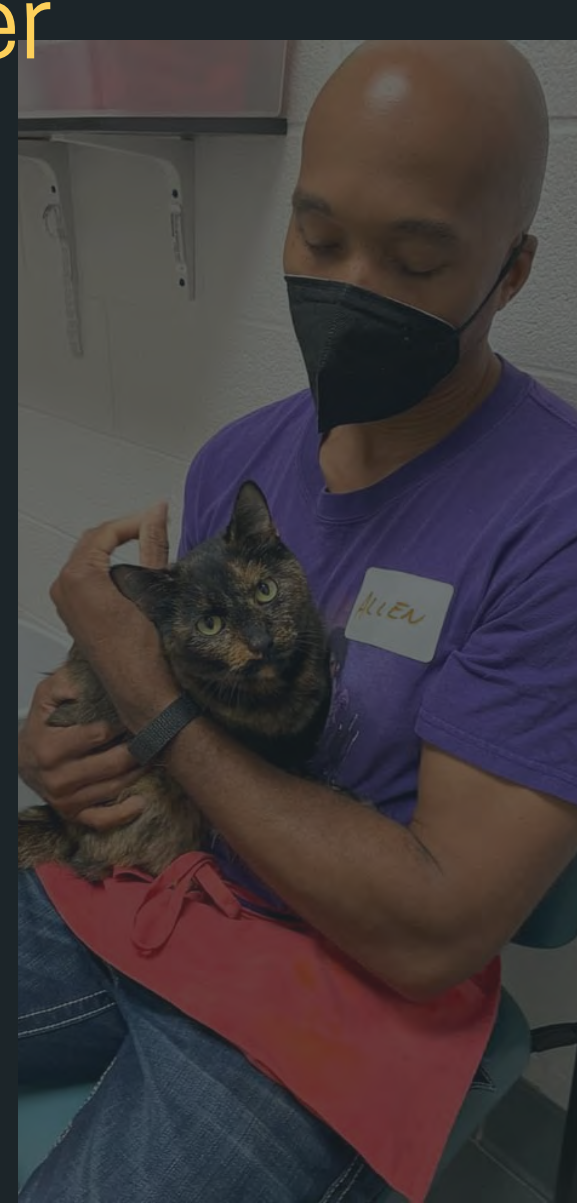
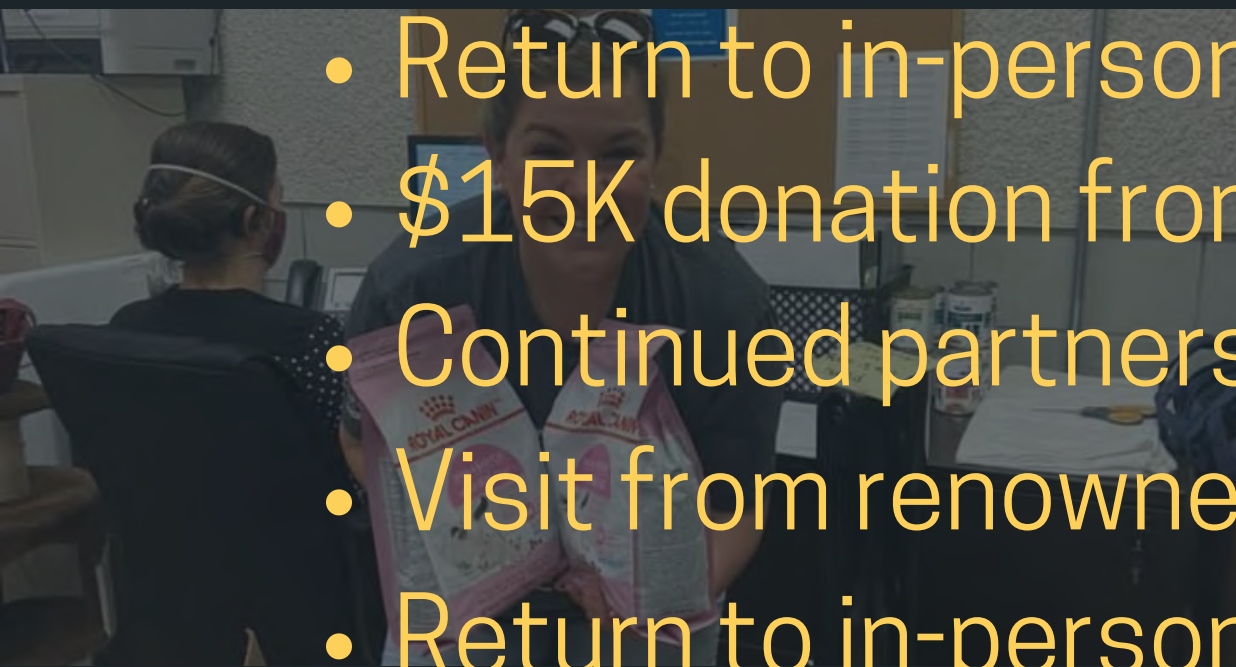
500

Microchips Offered Free to Nashville Pets

\$8K

2021 Highlights

- Return to in-person volunteering and adding new volunteers!
- \$15K donation from the Nashville Kennel Club for lobby makeover
- Continued partnership with Second Harvest Food Bank
- Visit from renowned photographer Sophie Gamand
- Return to in-person events including The Shelter Cup



2021 Event Highlights



**YARD DOGS
DOIN' GOOD**

\$3K



**NASHVILLE PET
PROJECT**

\$29K



**PICKLEPAW
CLASSIC**

\$10K

INCOME BY TYPE

2021 TOTAL INCOME

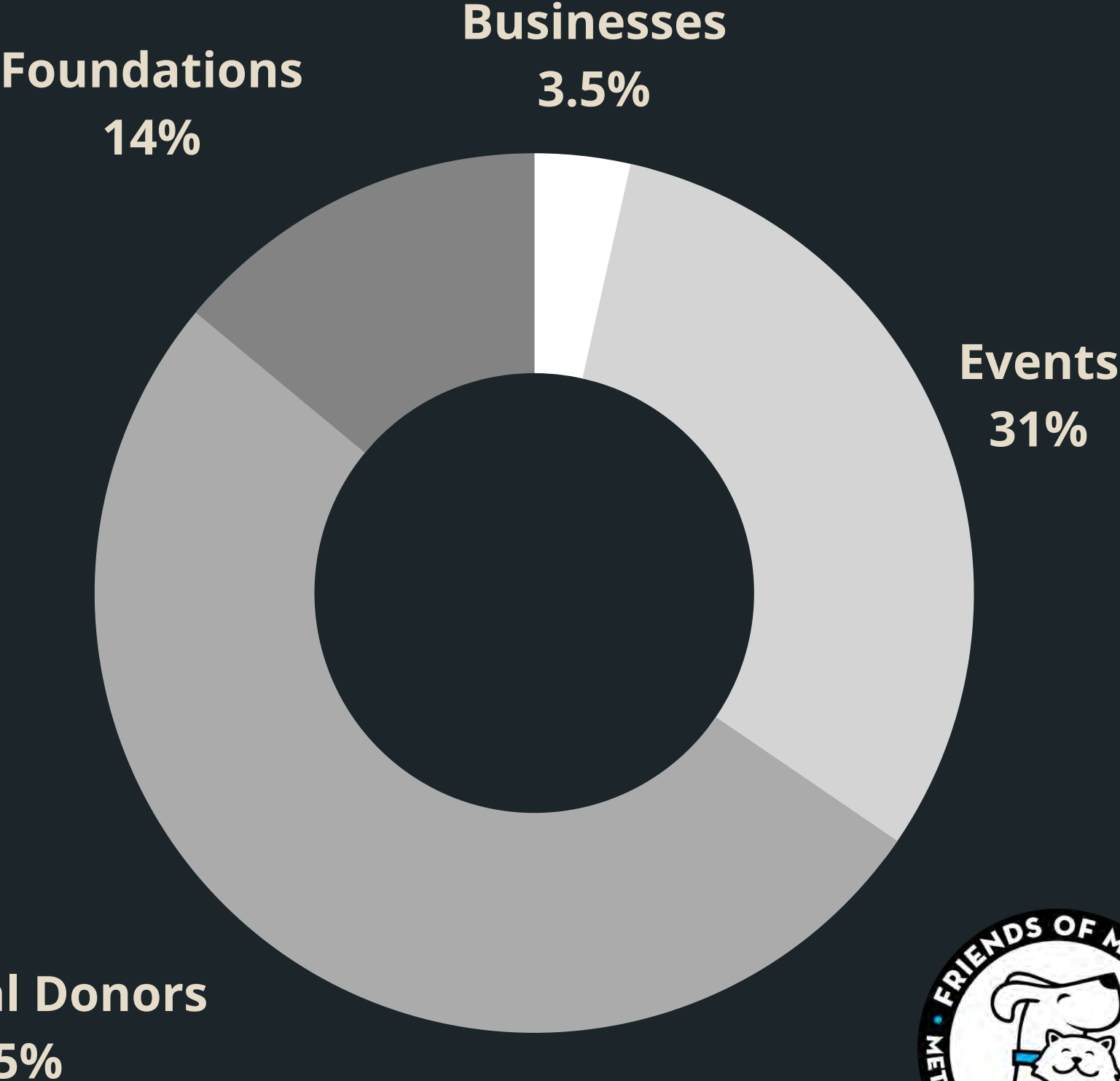
\$136,558

Compared to 2020

\$93,643

YOY Comparison

+45%



FIVE KEY AREAS

EMERGENCY MEDICAL FUND	\$25,000
ANIMAL ENRICHMENT	\$24,000
SAFETY NET PROGRAM	\$13,000
FOSTER PROGRAM	\$11,500
PET SAFETY	\$8,000
MICRO CHIPS	\$8,000

TOTAL EXPENSES
\$108,266

Remaining Funds
\$28,292

Operating Expenses
6%



LOOKING AHEAD

CONTINUING TO AMPLIFY MACC'S IMPACT IN 2022

Friends of MACC plans to continue its work of supporting MACC's lifesaving programs and engaging the community to prevent pet homelessness in Davidson County.



New volunteer Allen spending time with one of our adorable cats.

2022 LIFESAVING PRIORITIES



**Emergency
Medical
Fund**

\$28K



**Safety
Net
Program**

\$20K



**Heartworm
Treatment
Program**

\$15K



**Animal
Behavior
Support**

\$12K



**Community
Microchips**

\$12K




**Field
Services**

\$10K



**Animal
Enrichment**

\$6K



**Community
Cats**

\$5K



2022 EVENTS & FOCUS AREAS

HARD ROCK CAFE BLOCK PARTY

Spring

Plans are underway to host a block party and adoption event downtown with the Hard Rock Cafe this spring.

NASHVILLE PET PROJECT 2022

Summer

The 2nd Annual Nashville Pet Project will once again showcase our wonderful relationship with Pet Community Center.

2ND ANNUAL PICKLEPAW CLASSIC

Fall

The 2nd Annual PicklePaw Classic will bring back 200+ Pickleball players to have fun and save lives! We hope to host it at Centennial Sportsplex again

INCREASE CORPORATE PARTNERS

All Year

Our goal is to build stronger relationships with local businesses to diversify our donor base and increase our ability to support MACC financially.

BUILD BOARD BENCH STRENGTH

All Year

Consistent leadership is key to our longevity and success, so we are focused on growing the board and deepening our members' expertise to build for the future.

2022 FUNDRAISING TARGETS

INCOME

Fundraising Events *\$82,000*

Individual Donors *\$53,800*

Corporations/Grants *\$20,000*

\$155,800

EXPENSES

Mission-Driven Projects *\$131,500*

Fundraising Expenses *\$11,900*

Operational Expenses *\$9,530*

\$152,930



REACH OUT

Friends of MACC Board of Directors

- Brandon Dyce, Chair
- Shelley Bankard-Weaver, Vice Chair
- Melody Kief, Treasurer
- Jenn Misora, Secretary
- Nikki Burdine
- Becky Carter
- Karl Hawes
- J. Seth Montgomery
- Charlotte Weatherington
- Kristie Young

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Ryan White Part A

National Black HIV/AIDS Awareness Day Overview

February 10, 2022

What is Ryan White Part A?

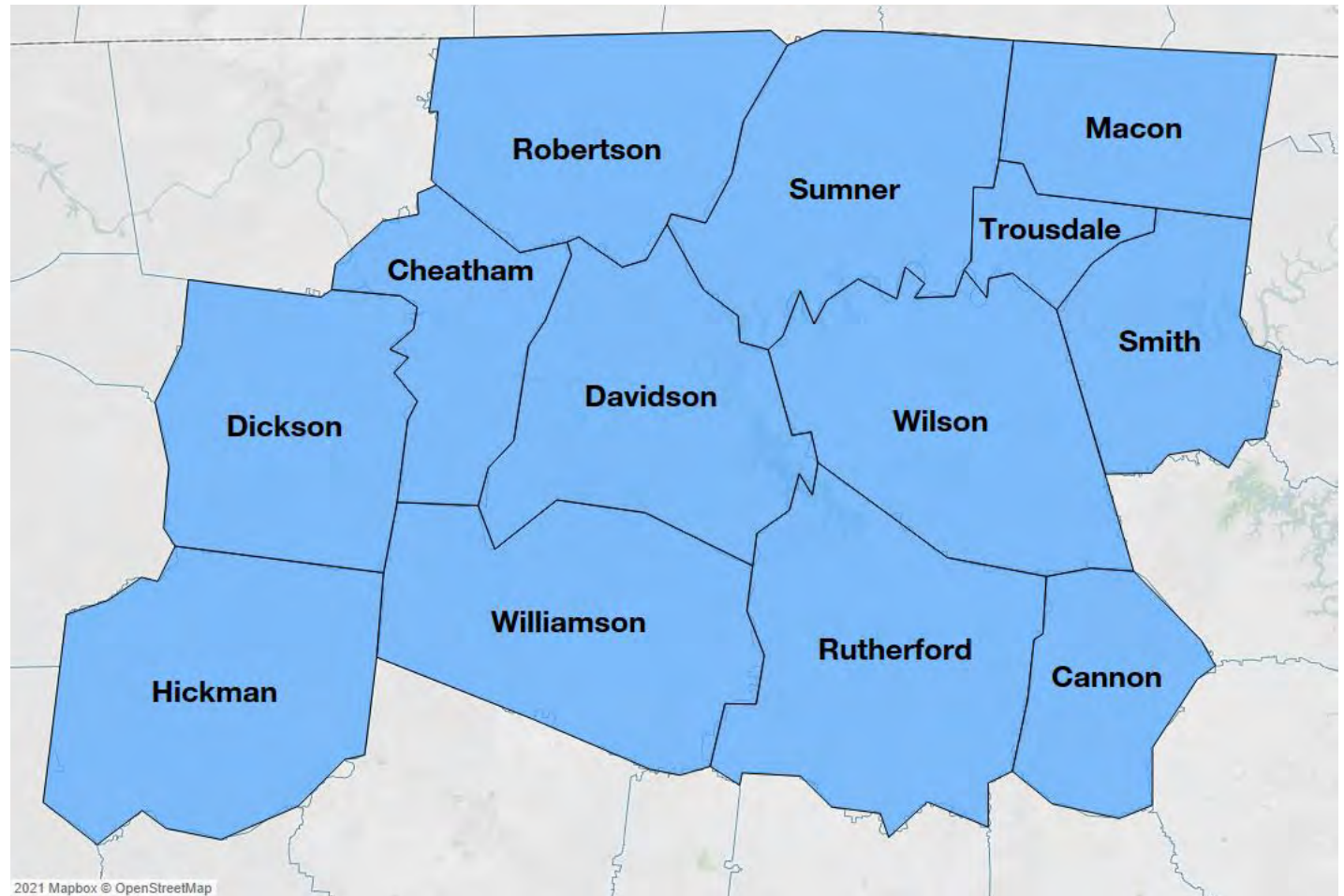
Part A of the Ryan White HIV/AIDS Treatment Extension Act of 2009 provides assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely impacted by the HIV epidemic.

- To qualify for EMA status, an area must have reported at least 2,000 AIDS cases in the most recent five years and have a population of at least 50,000.
- To be eligible for TGA status, an area must have reported 1,000 to 1,999 AIDS cases in the most recent five years and have a population of at least 50,000.

The boundaries of EMAs and TGAs are based on the U.S. Census designation of Metropolitan Statistical Areas and may span more than one state.

Nashville Transitional Grant Area (TGA)

- Comprised of 13 counties in middle Tennessee (TN)
- **2019 Population: 1,863,108**
(27% of total TN population)



What are Part A funding streams?

Ryan White Part A Formula

- Part A of the Ryan White HIV/AIDS funding provides assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely impacted by the HIV epidemic.
- Grants are awarded to the city/county chief elected official (CEO) who designates a lead agency to administer the funds. A designee acts on behalf of the CEO.

Minority AIDS Initiative

- Under Part A, MAI formula grants provide core medical and related support services to improve access and reduce disparities in health outcomes in metropolitan areas hardest hit by HIV/AIDS, primarily targeting disproportionately affected minority populations, including black/African Americans, indigenous people of color.

National Black HIV/AIDS Awareness Day

February 7

- The Strategic Leadership Council plans NBHAAD each year.
- This observance is an opportunity to increase HIV education, testing, community involvement, and treatment among black communities.
- The first National Black HIV/AIDS Awareness Day (NBHAAD) was marked in 1999 as a grassroots-education effort to raise awareness about HIV and AIDS prevention, care, and treatment in communities of color.

AFRICAN AMERICANS CONTINUE TO FACE THE MOST SEVERE BURDEN OF HIV COMPARED TO OTHER RACIAL/ETHNIC GROUPS IN THE NATION

HIGHER SEXUALLY TRANSMITTED DISEASE (STD)

PREVALENCE STD prevalence is higher in African Americans compared to other racial/ethnic group.

Because STDs can place people at higher risk for HIV, higher STD prevalence may contribute to more HIV transmissions among African Americans.

SOCIOECONOMIC FACTORS

Social and economic factors like poverty, racial discrimination, lack of access to health care and higher rates of incarceration— which can disrupt social networks and decrease the number of available partners for women—exist in some African American communities and can increase risk behaviors or be a barrier to receiving HIV care and prevention.

HIGH HIV PREVALENCE

HIV is more prevalent among African Americans compared to other racial/ethnic groups. As a result, while risk behaviors like sex without a condom or having multiple partners are comparable to other races/ethnicities, African Americans face greater exposure risk during sexual encounters than other racial/ethnic groups.

STIGMA

The fear of disclosing risk behaviors or sexual orientation can prevent people from seeking testing, prevention and treatment services, and support from friends and family. As a result, some African Americans may lack critical information about HIV prevention.

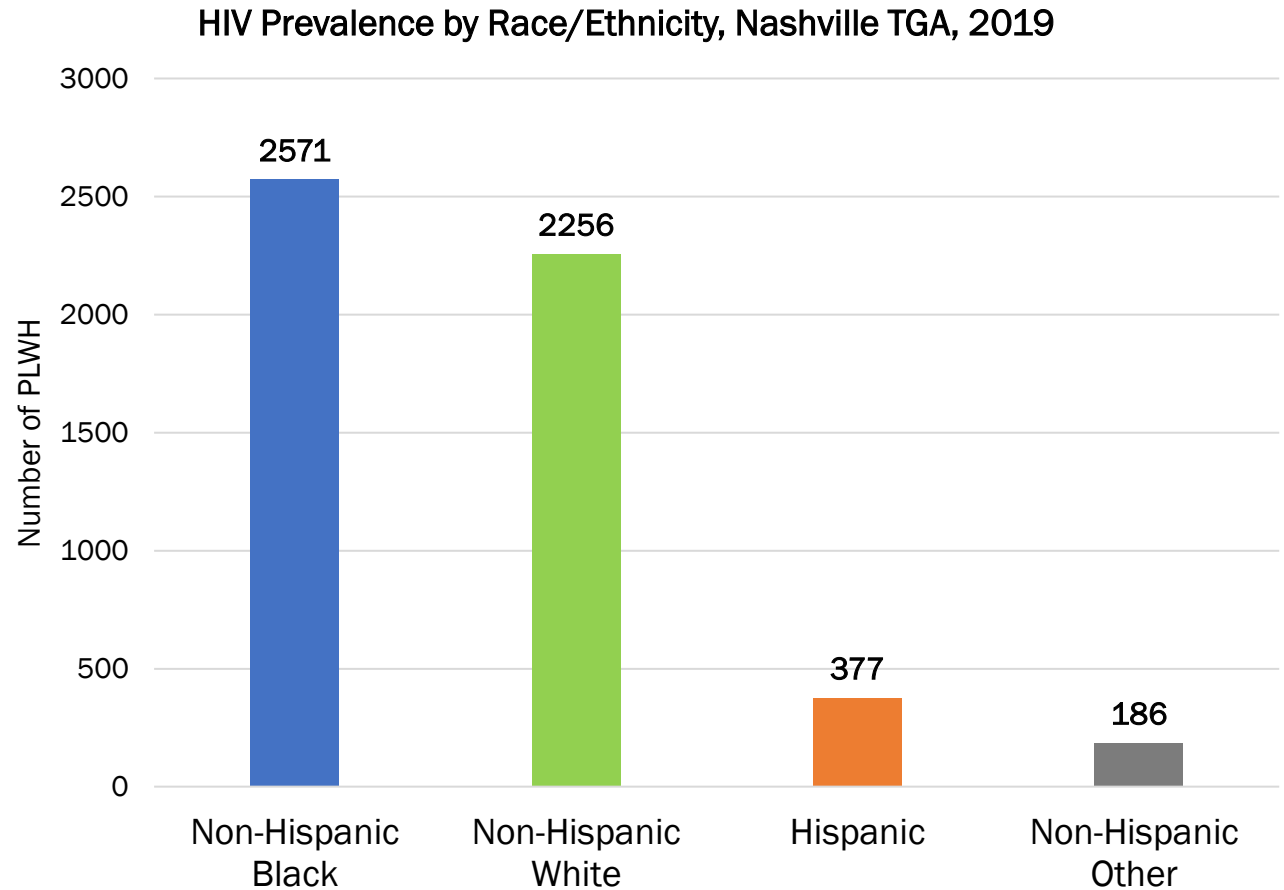
Prevalence

- Number of people living with diagnosed HIV (PLWH) at a specified time

Prevalence: Race/Ethnicity

In 2019,

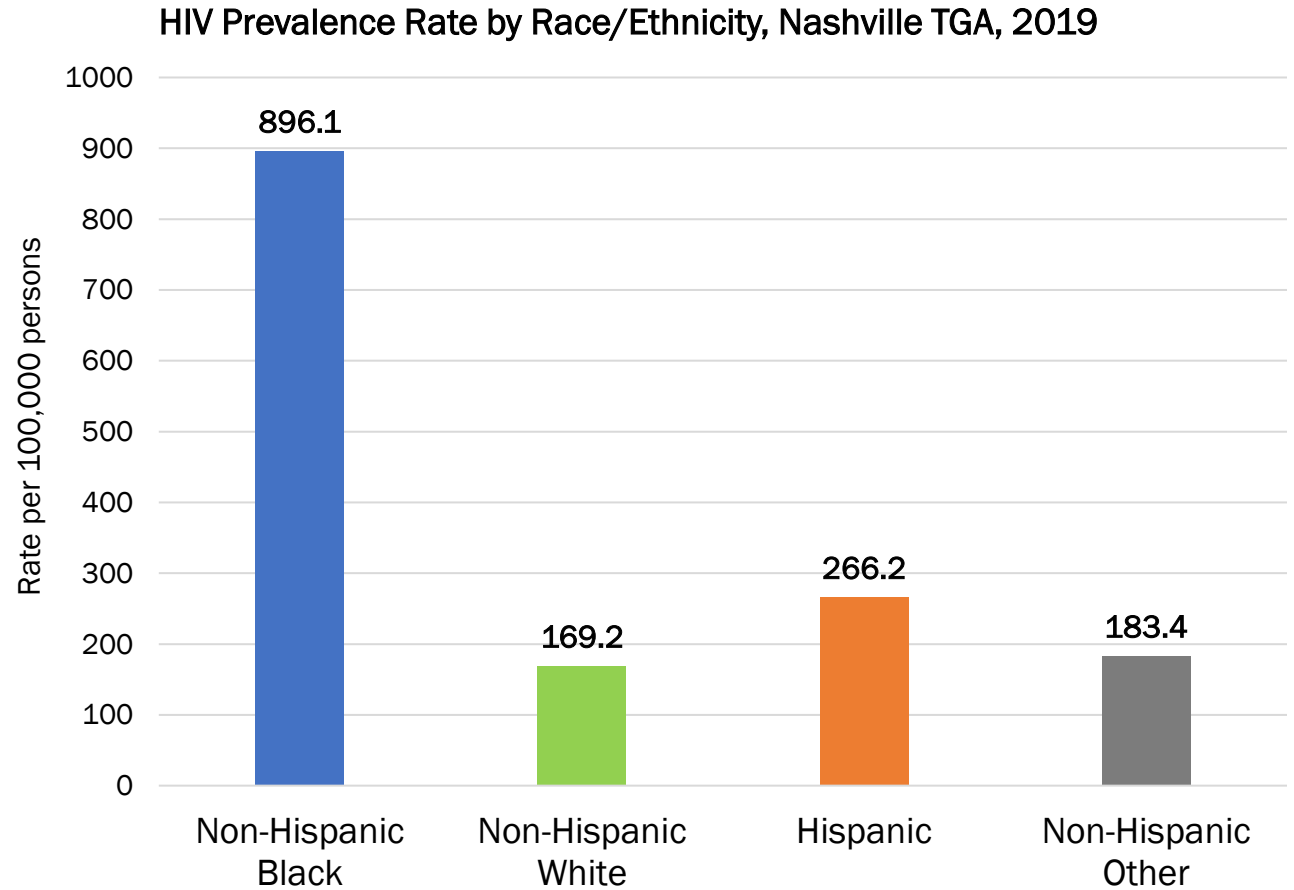
- 5,387 PLWH in the Nashville TGA (30% of PLWH in Tennessee)
- 48% of PLWH were NH Black, 42% NH White, 7% Hispanic, 4% NH Other
- Trends have been largely stable over time
- NH Black individuals make up approximately 15% of the TGA population but represent 48% of HIV cases



Prevalence Rate: Race/Ethnicity

In 2019,

- Prevalence rate highest among NH Black:
 - 896.1 cases per 100,000 persons – over 5 times higher than the rate among NH White



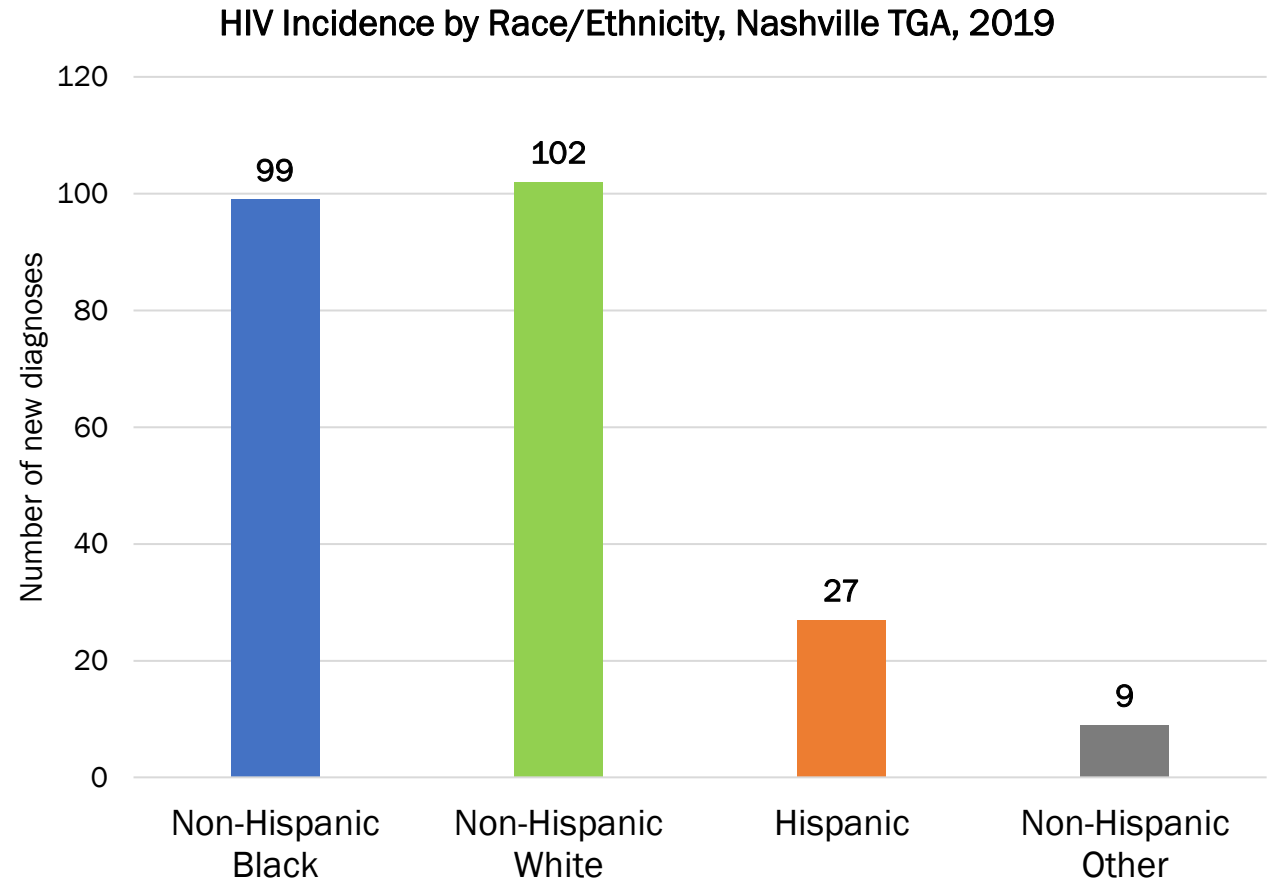
Incidence

- Number of people newly diagnosed with HIV

Incidence: Race/Ethnicity

In 2019,

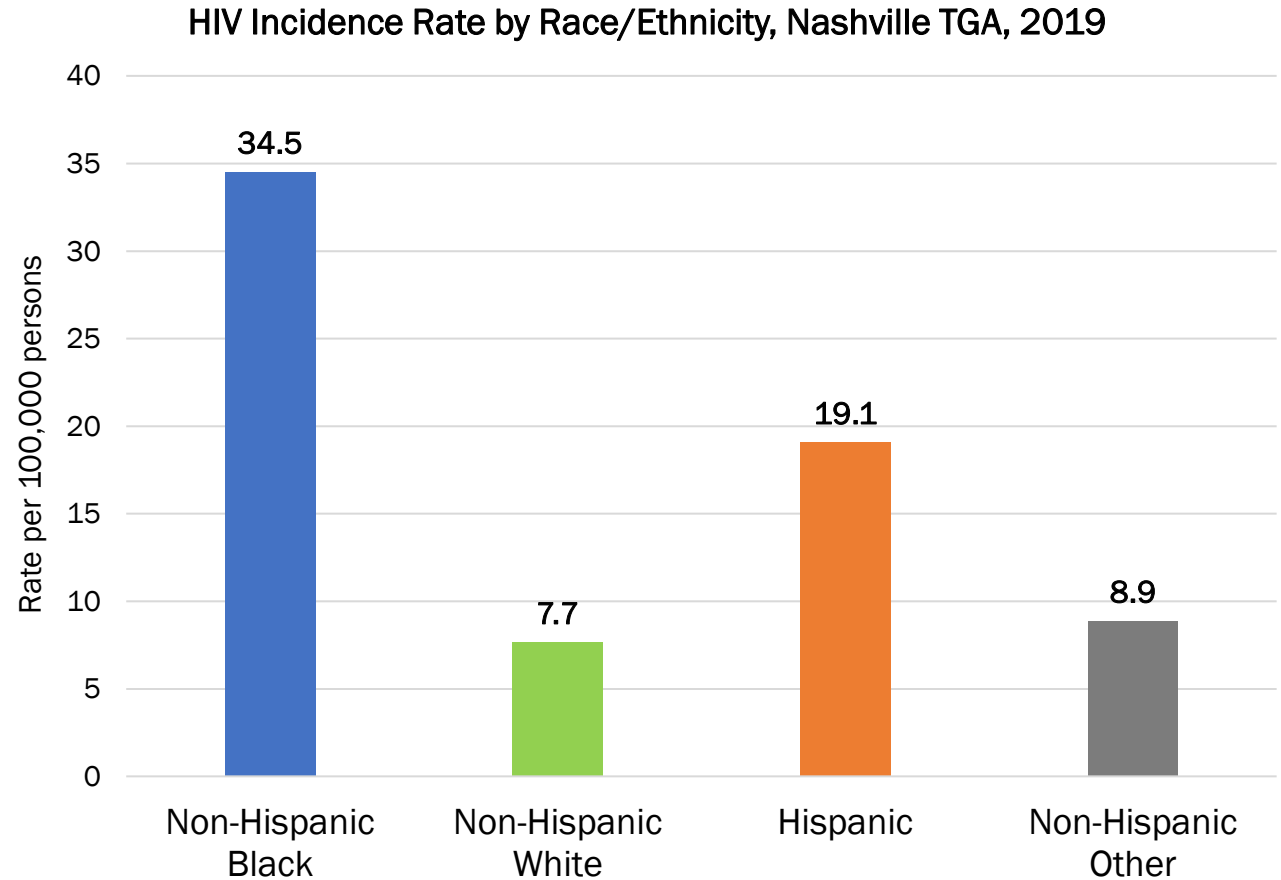
- 43% of new diagnoses among NH White, 42% NH Black, 11% Hispanic, 4% NH Other
- Between 2015-2019, 2019 was only year in which there were more diagnoses among NH White than NH Black



Incidence: Race/Ethnicity

In 2019,

- Incidence rate highest among NH Black:
 - 34.5 new diagnoses per 100,000 persons
- Incidence rate second highest among Hispanic:
 - 19.1 new diagnoses per 100,000 persons



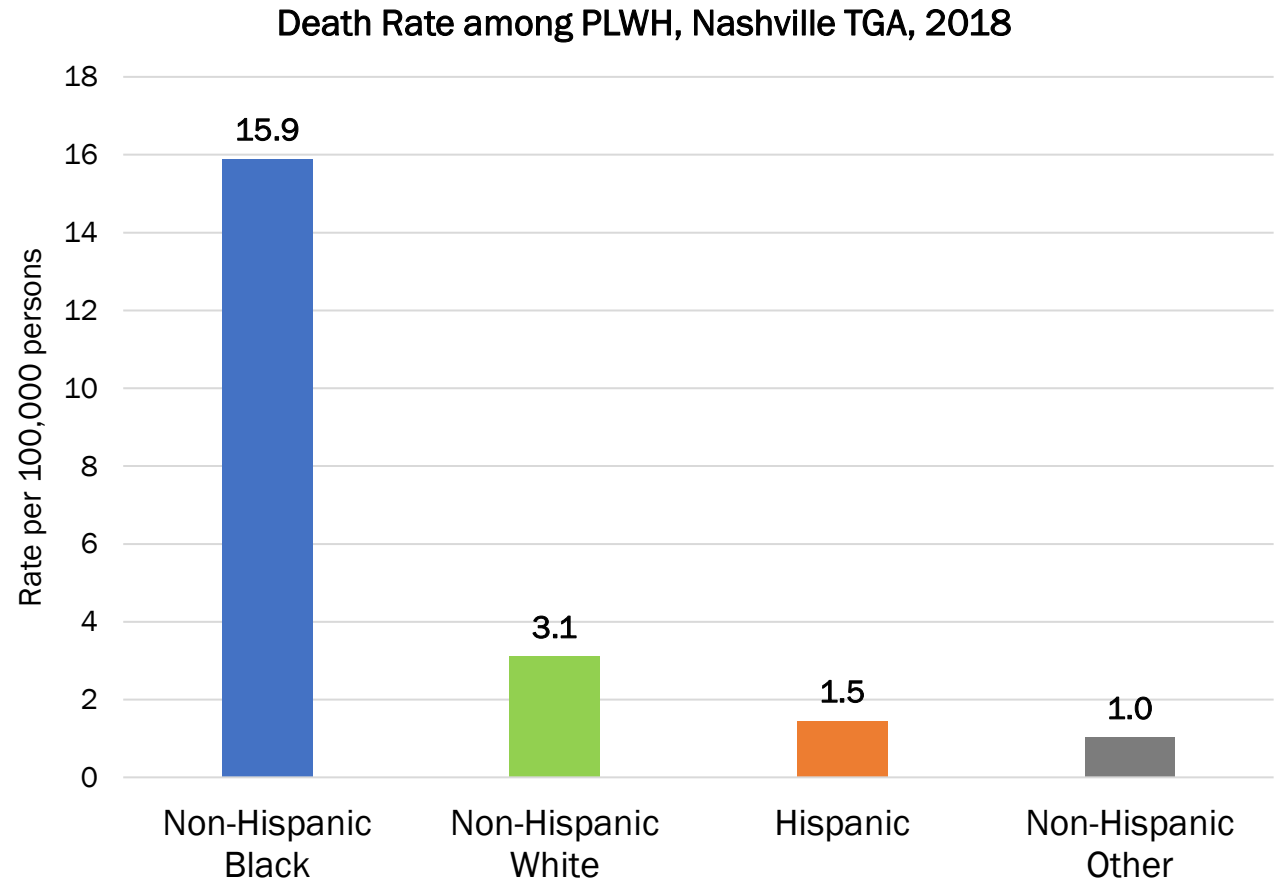
Deaths among PLWH

- Deaths (due to any cause) among persons living with HIV

Deaths among PLWH

In 2018,

- 89 total deaths among PLWH (due to any cause)
- Death rate highest among NH Black PLWH:
 - 15.9 deaths per 100,000 persons
 - Death rate over 5 times higher than rate for NH White

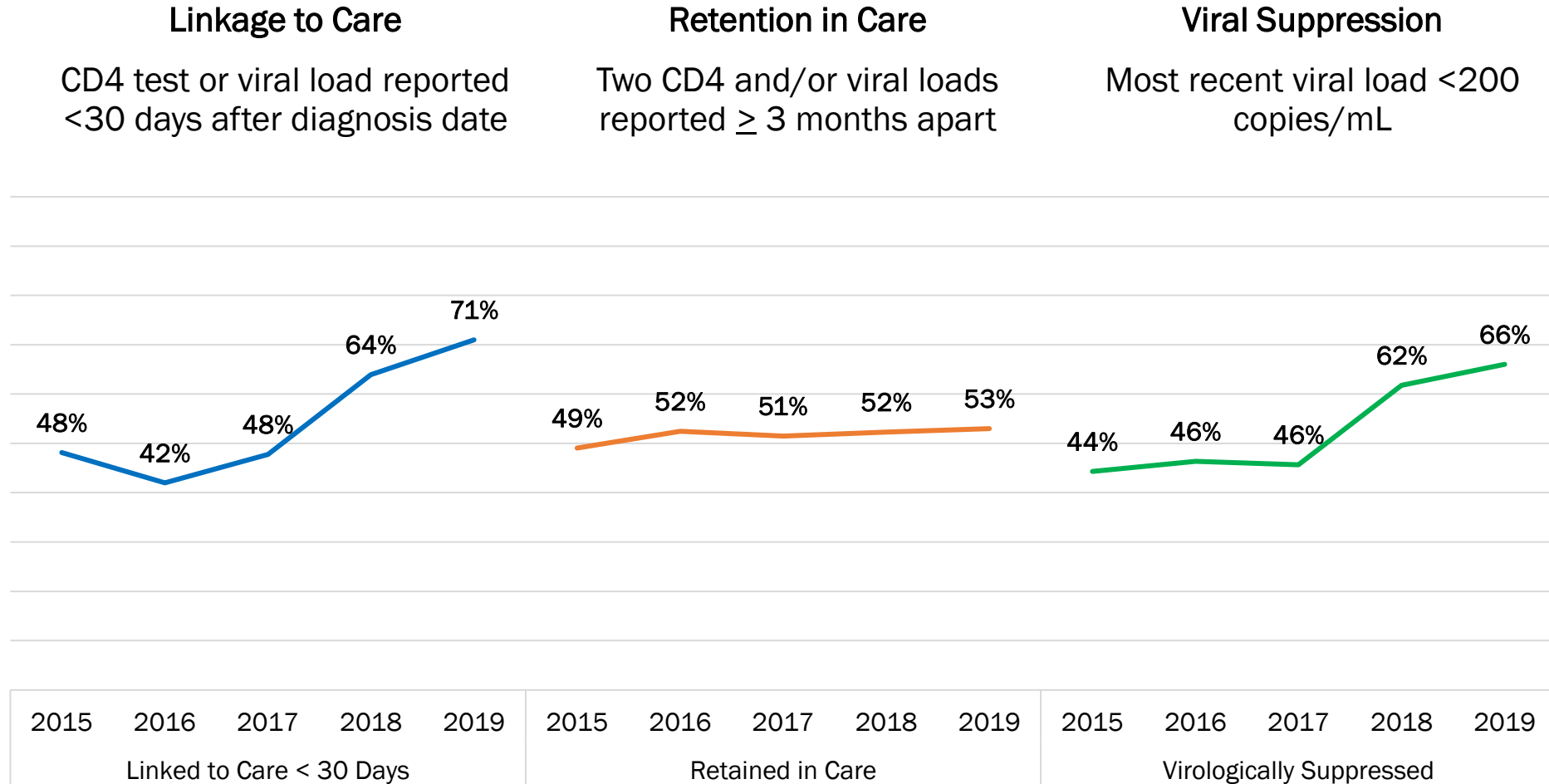


HIV Continuum of Care

- Stages of care from the time an individual is diagnosed through successful treatment with HIV medications

HIV Continuum of Care

- Improvement across all stages of care

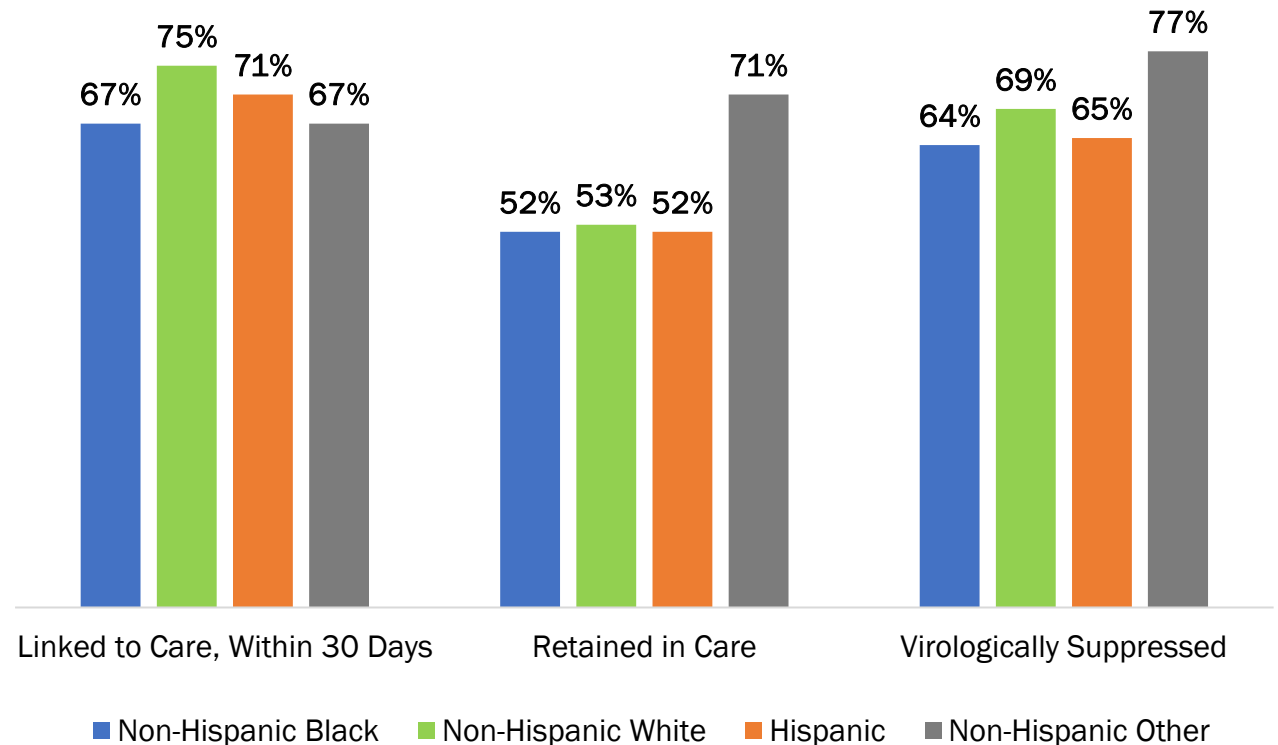


HIV Continuum of Care: Race/Ethnicity

In 2019,

- Relatively similar rates seen across race/ethnic groups

HIV Continuum of Care by Race/Ethnicity, Nashville TGA, 2019



Ryan White Part A

Eligibility:

- Diagnosed with HIV
- Resident of Nashville TGA
- Household income \leq 400% Federal Poverty Level

Part A Services

Core Medical Services (5)

- Early Intervention Services (EIS)
- Medical Case Management (MCM)
- Mental Health
- Oral Health
- Outpatient/Ambulatory

In 2020, Medical case management, Outpatient, Food, and Psychosocial were the most utilized services

Support Services (10)

- Non-medical Case Management (CM)
- Emergency Financial Assistance (EFA)
- Food
- Housing
- Linguistics
- Medical Transportation
- Psychosocial
- Referrals
- Outreach
- Substance Abuse

Ryan White Part A Demographics

Compared to all PLWH in Nashville TGA, Ryan White Part A clients tend to be:

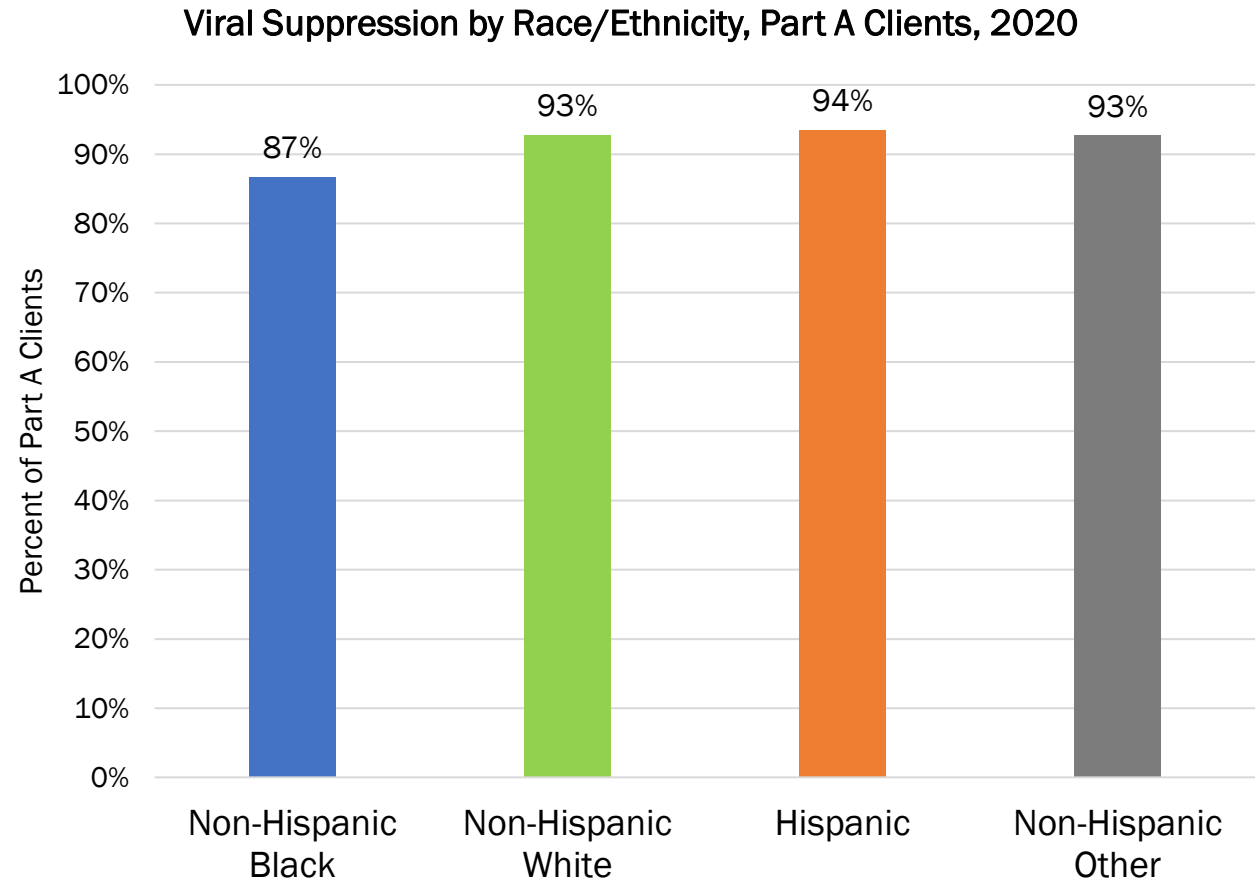
- Slightly younger
- NH Black and Hispanic
- Davidson County residents

	Ryan White Part A, 2020		Nashville TGA, 2019	
	N	%	N	%
Gender				
Cisgender male	2072	76.1%	4225	78.4%
Cisgender female	601	22.1%	1097	20.4%
Transgender person	49	1.8%	65	1.2%
Age group (years)				
<15	5	0.2%	24	0.4%
15-24	75	2.8%	163	3.0%
25-34	618	22.7%	987	18.3%
35-44	552	20.3%	1003	18.6%
45-54	666	24.5%	1460	27.1%
55-64	630	23.1%	1378	25.6%
≥65	176	6.5%	372	6.9%
Race/Ethnicity				
Non-Hispanic Black	1501	55.1%	2571	47.7%
Non-Hispanic White	918	33.7%	2256	41.9%
Hispanic	228	8.4%	377	7.0%
Other	75	2.8%	186	3.5%
County				
Davidson	2124	78.0%	3794	70.4%
Rest of TGA	598	22.0%	1593	29.6%
Total	2722		5387	

Ryan White Part A Viral Suppression

In 2020,

- Overall, 90% of clients were virally suppressed
- Slight variation by race/ethnicity



What else is Ryan White doing?

- Ride sharing services added to increase access to medical, pharmacy, dental, vision, and mental health services
- Rapid Antiretroviral Therapy Initiative services
 - “Treatment as prevention” – Start antiretroviral treatment as soon as possible after diagnosis to improve potential for viral suppression
- Working with internal partners
 - Nashville Regional HIV Planning Council
 - Ending the HIV Epidemic (EHE), Undetectable = Untransmissible (U=U)
 - Sexual Health Clinic
 - World AIDS Day

Ryan White Part A Staff

- Beverly Glaze-Johnson – Program Director
- Regina Bell – Clinical Quality Management Monitor
- Sharon Daniel – Finance Officer
- Adriane Good – Program Monitor
- Anthony Bennici – Epidemiologist
- Talia Monget – Office Support Specialist
- Quintana Slaughter – Planning Council Liaison
- Fonda Harris – Assistant Bureau Director, Population Health
- Joanna Shaw-KaiKai – Medical Services Director

Questions?

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

Protecting Health – Preventing the Spread of Infectious Disease

COVID

Status

The current high rate of cases appears to have stabilized and may have even started to decline slightly from its peak on Jan. 4. Our new cases per day per 100,000 was 149.5 on Feb. 2. Testing across the city has decreased since a high during the week between Christmas and New Year's Day. The test positivity rate (attack rate) has decreased to 30.5 percent. While hospitalizations have been high, the number of cases needing ICU care or intubation has been steady and much lower than with previous variants.

Even though there is decline in new cases, the numbers are still higher (as of Feb. 2) than they were at the height of the Delta surge last summer. The attack rate of above 30 percent is still higher than the peak for any other surge period prior to this one, indicating high levels of transmission.

Within the context of this period of substantial transmission and disease burden, hospitalizations have been relatively stable, albeit at a high level. Even so, we have not surpassed our previous peak of hospitalizations as we feared at the start of the year we might. Teams are monitoring closely for signs of decreasing hospitalizations as cases continue to drop. Omicron has continued to prove less severe than previously circulating strains, so the influx of hospitalized patients with COVID is largely a function of the high number of cases.

Further evidence of the lesser severity of Omicron is that the all-time case fatality rate (CFR) has decreased by 25 percent since the Omicron surge began (from just over 1 percent mortality in the autumn to .75 percent now). This is likely due to a combination of Omicron's nature combined with increased levels of immunity in the population through vaccination and/or previous infection. Notable is the very low CFR among cases with specimen collection from December 15, 2021, to January 28, 2022. At the start of the Omicron surge the CFR topped out at .54 percent on December 18, reflecting cases that were largely still infected with and dying from the Delta variant. As the surge progressed the CFR dropped to a low of .12 percent and has since leveled out at .2 percent at the end of this time period—a nearly 80 percent decrease from the CFR during previous surges. While Omicron is still a deadly variant of COVID, the deaths from this variant are proportionally much lower.

Vaccines

American Biotechnology Company has submitted a licensing application to the FDA for Emergency Use Authorization (EUA) of their COVID vaccine, Novovax. Novovax was developed using older vaccine development technology that does not include mRNA. Additionally, Pfizer and Biontech have applied for an EUA for use of their vaccine in 6-month to 5-year-olds.

Vaccine uptake

Included in your packet is a list of the [most recent Strike Team vaccination events](#).

Planning for Endemicity

Conversations have begun among partners at multiple levels, including the CDC, about the post-Omicron period and planning for endemicity. The Council of State and Territorial Epidemiologists (CSTE), the Association State and Territorial Health Officers (ASTHO) and several other public health advisory groups

recently released a joint statement recommending cessation of universal case investigations. The COVID Response Team at MPHD is reviewing its current surveillance model to align with these new recommendations. These changes will be more sustainable as the nation and world move toward COVID endemicity management and will allow us to focus more on mitigation efforts in high-risk settings. The response team has had epidemiologists dedicated to these high-risk or high priority settings for over a year, so the ongoing work in these areas will be further supported with these changes. MPHD strike teams will continue to provide free testing and vaccination throughout the county for at least the remainder of 2022 as these are still key activities to prevent and reduce transmission. If you would like to read the joint statement from CSTE, ASTHO, et. al [click here](#).

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).

HIV/AIDS Awareness

Below is the poster from the CDC that we will be using as we recognize National Black HIV/AIDS Awareness Day. We've also included links for social media posts and event planning. For more information please contact Dr. Joanna Shaw-KaiKai or Beverly Glaze-Johnson.

Ryan White Part A Recognize National Black HIV/AIDS Awareness, February 7, 2022: *"Let's Stop HIV Together"*

Hashtags: #NBHAAD #StopHIVTogether



Planning a NBHAAD Event: <https://www.hiv.gov/events/awareness-days/black>

NBHAAD Resources: <https://www.hiv.gov/topics/blackawarenessday>

Post 1:

Today is Nat'l Black HIV/AIDS Awareness Day, a day to acknowledge progress in #HIV prevention and care among Black/African American people while recognizing the work still needed. To #StopHIVTogether, we must address #HIVstigma and barriers. <https://bit.ly/3r6BxM5> #NBHAAD

Post 2:

National Black HIV/AIDS Awareness Day is February 7 and is a day to address the impact of HIV on Black communities. When we work to overcome structural barriers to HIV testing, prevention, and treatment, we can #StopHIVTogether. <https://bit.ly/3GkAgra> #NBHAAD

Clinical Services

As you may recall, from June through November of 2020 Woodbine Preventive Health clinic conducted an STI pilot on all positive pregnant patients in their clinic, including the routine collection of blood testing for HIV, syphilis, and Hepatitis C. The results showed many cases of Hep C the patients were previously unaware of, as well as other STIs that could be treated before having any further impact on the health of the pregnancies. In October of '21 the East and Lentz 120 clinics joined Woodbine to conduct an additional year-long pilot. The data collected so far have led TDH to change the protocol for the rest of the state as of last week, making it standard clinical practice for all public health clinics to participate in opt-out blood testing on all positive pregnant patients.

Thanks to the work and collaboration with TDH, Carline Fanfan and Laura Varnier have been listed as co-authors on the article "Comprehensive Sexually Transmitted Infections Screening in Persons Diagnosed as Pregnant in an Urban Family Planning Clinic." This paper has been submitted for consideration to present at the Council of State and Territorial Epidemiologists' 2022 Annual Conference in June. Well done to Laura, Carline and their teams.

Organizational Updates

At MACC

The good news is Environmental Health has completed interviews for the MACC Director position. (We would like to publicly thank Brandon Dyce for participating in the interview process as chairman of Friends of MACC; and also thank a coalition of animal welfare groups for contributing their thoughts and concerns to us during the hiring process). HR has officially made an offer to the top candidate, who indicated during the interview it would take a month to transition from their current position to MACC.

And the bad news is that we must regretfully report that Dr. Staci Cannon has left MACC to join the faculty at the University of Georgia College of Veterinary Medicine. Dr. Cannon has served as the Medical Director at MACC since September 2015. We will miss her expertise and compassion. Dr. Cannon has agreed to continue to serve in a part-time capacity and assist with the transition as we recruit and hire a new shelter veterinarian.

COMMUNICATION

Chairlady Franklin has mentioned a desire for a “Robust public health education communications plan about stopping the transmission of COVID.” We have included in your packet [the communications plan](#) laid out by our Public Information Officer, Brian Todd, for your review, and welcome any input you might have. In addition to Brian’s outline, we regularly provide updates at Metro Council meetings. I have presented to the full council and to the Health Committee, and Tom Sharp provides updates to the Committee at each bi-weekly meeting. I also have weekly update phone calls with the Health and Safety Committee chairwoman, Erin Evans. As Brian mentioned we don’t communicate directly for other departments; they have their own public information officers. We stay in close contact with them and provide information for their use. In particular, we are in regular close contact with the school system on a number of fronts, including messaging.

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
- The "Community Overdose Prevention and Empowerment" project will deploy community health educators and enhance surveillance through 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**
- SIM Workshops are designed bring together a local, multidisciplinary group of key stakeholders from a particular jurisdiction to facilitate cross-system collaboration and to identify and discuss ways in which barriers in and between the criminal justice and behavioral health systems can be reduced through the development of integrated local strategic action plans.

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

- Implementation is underway with initial planning meeting held in mid 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>

SPIKE ALERTS

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

Monthly Drug Overdose Activity, January 2020-January 2022
Data reported for the last three months are provisional and subject to change.

Data and Surveillance

Suspected Fatal Drug Overdoses

- Fentanyl was 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

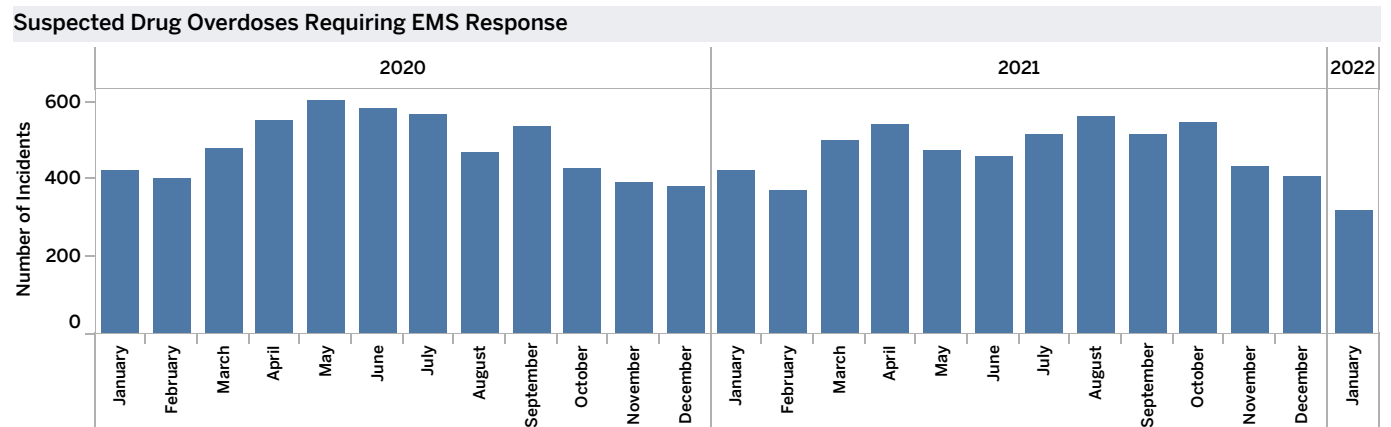
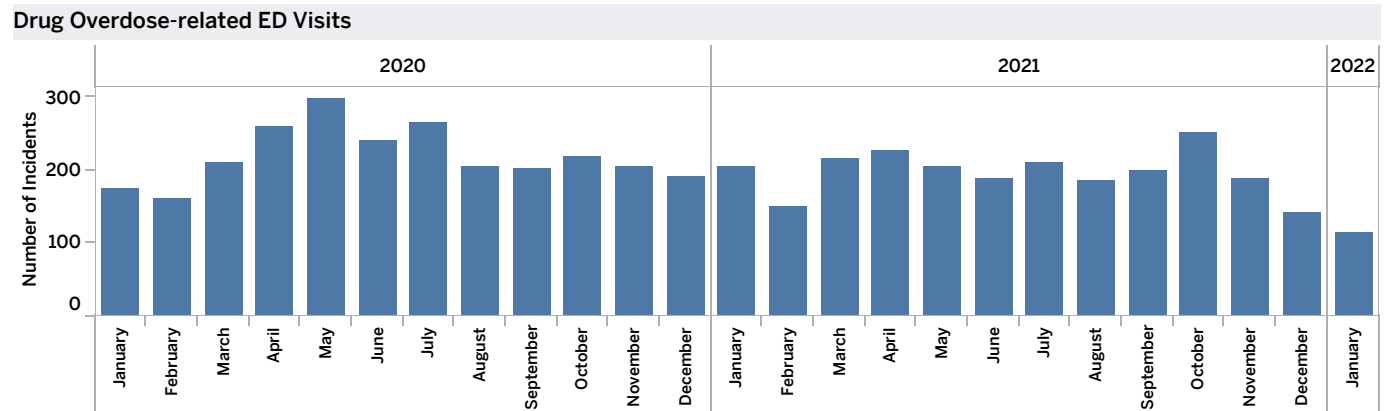
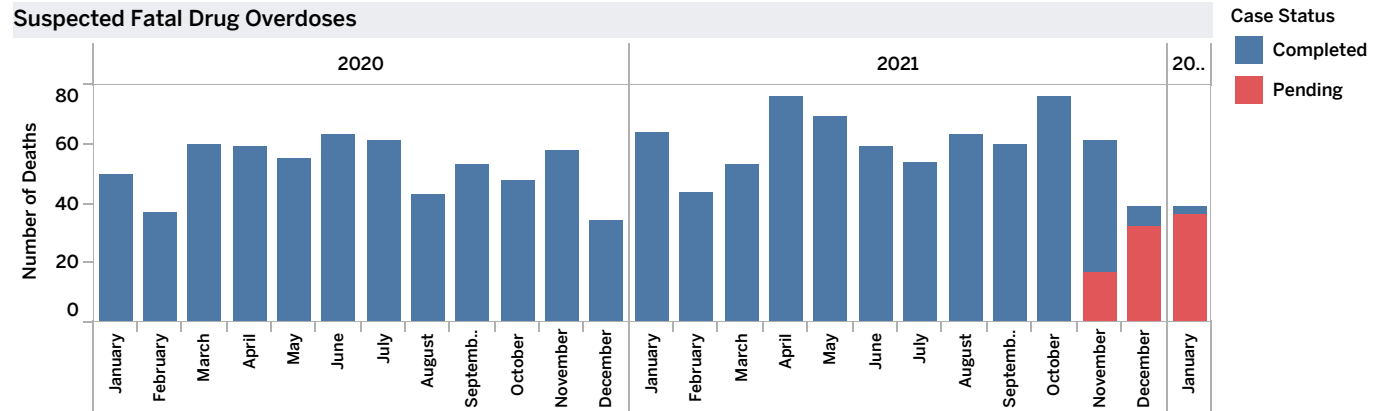
Monthly Average
2020: 213.8 overdose-related ED visits
2021: 214.9 overdose-related ED visits

Suspected Drug Overdoses Requiring NFD-EMS Response

Monthly Average
2020: 484.9 suspected overdoses
2021: 478.8 suspected overdoses

Syringe Containers Collected in the Community

- In 2021, there were **1,714 syringe containers collected** by the Metro Public Health Department in 2021, representing an **75% increase** compared to 2020 (each syringe container is estimated to collect between 400 and 430 1cc syringes).
- Monthly Average
2020: 88.7 containers
2021: 156.4 containers



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.

Overdose Response Program

Bridget Del Boccio | Coordinator

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Josh Love, MPH | Epidemiologist

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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 31, 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 November 2021-January 2022 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



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.



Date	Location	Number Vaccinated
2/1/2022	Coleman Community Center	7
2/1/2022	Casa Azafran	76
2/1/2022	Cumberland View	4
2/2/2022	TSU	4
2/2/2022	El Jefe at N Nuestra Senora De Guadalupe	169
2/3/2022	EL Office	4
2/3/2022	East End Prep	56
2/3/2022	Plaza Mariachi	26

Metro Public Health Department COVID Communications Report

Mission: Follow the National Incident Management System's incident command communications process. Communications efforts have and will continue to focus on providing accurate and timely COVID information to protect the health of all people in Metropolitan Nashville/Davidson County.

Communications Goals: Goals focus on effective proactive and reactive communication to provide information for EVERYONE to make an informed decision on taking steps to protect themselves with particular focus on:

- Foster increased trust as Covid experts
- Consistently push benefits of handwashing, wearing masks, staying home if ill, getting tested and getting vaccinated
- Identifying new and emerging Covid risk factors such as new variants of the virus.
- Be Nashville's go-to resource for questions about Covid.

Communication **goals** include:

1. *Effective communication with all audiences*

- timely
- accurate
- focused on the overall health of those we serve
- defined audiences for all messages
- reaching all communities in multiple languages in Nashville/Davidson County

2. *supporting operational initiatives*

- developing efficient messaging strategies
- delivering effective messaging materials
- assistance with development/evolution/analysis
- communication counsel

3. *liaison activities with key external stakeholders*

- media
- elected officials
 - Mayor's office
 - Metro Council
 - Board of Health
- Community partners
 - Volunteer organizations
 - Private sector businesses and organizations

- Metro Government Department PIOs (Mayor's office, Metro Schools, OEM/Fire and Police)
- Tennessee Department of Health
- Community Partners
- Visitors

Objectives and Tactics:

1. Proactive communications

- Maintain an updated email list of media, elected officials, and other key contacts.
- Monitor updates and push messages based on the latest information confirmed by CDC.
- Publish MPHD epi report on Covid19.nashville.gov (M,W,F).
- Align communications strategies with community partner organizations' initiatives to maximize impact of Covid response – testing and vaccine events within the community.
- Produce materials and messaging in multiple languages.
- Raise awareness through the use of social media platforms
- Hold press briefings to provide information and take media questions. (initially daily, seven days a week for the first four months, moved to three times a week, then twice, once a week, and now as needed.
- Announce public health orders in news releases, website, and social messaging.
- Strengthen relationships with new media representatives.
- Build and strengthen relationships with new and existing trusted community partners.

2. Reactive communications

- Respond to media requests and interviews.
- Monitor media coverage and correct misinformation.
- Assess social media comments and messaging and response.
- Respond to community requests or questions.

Metro Public Health Department COVID Communications Report

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**METRO PUBLIC HEALTH DEPARTMENT
COVID-19 Response**

Primary avenues of communication include:

**Regional Health Operations Center staff (Leslie and her crew).
HUB Nashville (311)
Nashville Media
COVID19.nashville.gov
MPHD Website
Community Partners' Websites and Social Media Platforms
Nashville.gov
Social Media Platforms (Facebook , Twitter, Instagram)
Employee Health Announcement Email
MPHD Supervisor Meetings
Speaker's Bureau
Booth at Special Events
Round Table Discussions
Information at public health centers, community centers...**

Communication Roles:

Mayor's Office took the lead in the overall response. We operated from OEM's war room the first few months of the pandemic to coordinate initial communications and response efforts among Metro agencies/Metro Schools/health care/hospitals/businesses/neighborhood organizations/universities.

Metro Public Health Department focused on pushing information out to key audiences (especially those listed in this report) and responding to requests from local and national media, elected officials, community members, and community partners. This included press briefings, nightly reports the first year of the response (see below), news releases, social media posts, community events (see below), health department locations, Metro agencies, Metro government buildings, business community, professional organizations, health care institutions, faith-based organizations, and universities (PLEASE ADD TO THE LIST BECAUSE I'M SURE I LEFT OUT AT LEAST ONE). MPHD Staff were in the community as ambassadors for awareness and enforcement. Hugh Atkins and his team spent most nights responding to complaints about establishments that were out of compliance with public health orders.

Metro's Covid-19 Taskforce was led by Dr. Jahangir at Mayor Cooper's request. Dr. Hildreth has been a critical member of the taskforce. Both were counted on to communicate key messages through press conferences, media interviews, social media posts, and speaking engagements throughout the community.

Office of Emergency Management/Nashville Fire Department – lead response efforts to provide the logistical needs, including Metro’s ongoing testing and vaccination effort.

Metro Nashville Network broadcasted press briefings.

HUBNashville/311 operated the community covid hotline to answer questions, concerns, and provided callers with information.

Metro Nashville Public Schools worked closely with Dr. Jahangir/Metro’s Covid Response Taskforce, Leslie Waller’s epi team, MPHD leadership and school nurses to obtain and provide information to student families and staff.

Community Partner Organizations have had a critical communications role because they are trusted by the community they serve. They shared MPHD information about covid, distribution of masks, testing and vaccinations within underserved communities. The effort has been particularly strong in areas where Covid hot spots were first identified. The organizations helped reach those identified as essential workers such as construction workers, restaurant workers, food processing employees among others.

NASHVILLE CONVENTION AND VISITOR’S CORP provided information to the business community.

Tennessee Department of Health has and will continue to be responsible for ensuring covid information is available on their website, social media, and media interviews.

Communication Examples



Metro Public Health Dept
Nashville / Davidson County
Protecting, Improving, and Sustaining Health

MPHD Daily COVID-19 Update for February 27, 2021

Metro Public Health Department officials announced today 84,480 confirmed cases of coronavirus disease (COVID-19) in Nashville/Davidson County.

There have been 36 new probable cases in the past 24 hours.

Probable cases refer to those that have supporting epidemiological and clinical evidence that a COVID-19 infection has occurred, regardless of test result. If a person is a close contact of a COVID-19 case and has a clinically compatible illness, he or she can meet the criteria to be a probable case. Additionally, a positive result of an antigen test from a respiratory specimen can meet the criteria to be a probable case. If a health care provider diagnoses a person with clinically compatible illness with COVID-19, this person meets the probable case criteria.

Including both confirmed and probable cases, MPHD officials announced a total of 89,753 cases, an increase of 155 in the past 24 hours.

The cases range in age from 1 month to 107 years.

No new probable deaths have been reported in the past 24 hours.

When the health care provider who signs the death certificate determines COVID-19 disease was the cause of death or a significant condition contributing to death, this person meets the probable case criteria and would be considered a probable death.

There has been one new confirmed death reported in the past 24 hours, a 74-year-old woman with underlying health conditions.

A total of five hundred ninety-four (594) people in Davidson County have died after a confirmed case of COVID-19. Including both confirmed and probable cases, 633 deaths have been attributed to COVID-19.

87,454 individuals are now labeled inactive/recovered after having the virus previously.

New cases per 100,000 people: 14.1

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87,454 individuals are now labeled inactive/recovered after having the virus previously.

New cases per 100,000 people: 14.1

Seven-day percent positive of COVID-19 tests: 7.7

Available Middle Tennessee hospital beds: 14 percent

Available Middle Tennessee ICU beds: 10 percent

The MPHD COVID-19 Hotline received 1,119 calls on Friday, February 26, 2021.

Total number of cases: 89,753

Cases reported in the past 24 hours: 155

Cases by sex

Male: 42,532

Female: 46,451

Unknown: 770

Cases by age

Unknown	142
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0-10	4,269
11-20	9,196
21-30	25,002
31-40	17,408
41-50	11,891
51-60	10,077
61-70	6,604
71-80	3,280
81+	1,884
Total	89,753
Inactive/Recovered	87,454
Deaths	633
Total active cases	1,666

Total number of tests conducted	Total positive/probable results	Total negative results	Positive results as percentage of total
1,011,411	102,364	909,047	10.12%

Health officials remind everyone to take steps to stop the spread of germs like COVID-19. These include:

- Practice social distancing as defined by the CDC (6 feet of distance from others).
- Gatherings are recommended to be kept at 8 people or fewer, to the extent possible. Intimate gatherings are the most high-risk setting for transmission of COVID-19.
- Wear a cloth face covering when in a community setting, especially in situations where you may be near people. These face coverings are not a substitute for social distancing.
- Stay at home as much as possible. People over 65 years of age or whose health is at risk should remain at home if possible.
- Wash your hands often with soap and water. Use alcohol-based hand sanitizer if soap and water are not available.
- Cover your mouth and nose with a tissue when coughing or sneezing.
- Avoid touching your eyes, nose, or mouth.

METRO COUNCIL COMMUNICATIONS

What follows is an example of Leslie Waller an update that Leslie Waller has provided to Metro Council members.

September Council Update

Waller, Leslie (Health) Reply Reply All Forward

To: Council Members: Sharp, Thomas (Health); Eagles, Benjamin (Mayor's Office); Hassan, Mohamed (Mayor's Office); Wright, Gill (Health); alex.jurkovic@Vanderbilt.Edu; Todd, Brian (Health); Franklin, Rachel (Health)

Attachments: FullyVaccinated_091321_CouncilSummary.pdf (227 KB), TotalCasesPer1000_Council_Summary_09132021.pdf (221 KB), TotalCasesPer1000_Aug15_Sep12_CouncilSummary_09132021.pdf (221 KB), COVID_Vaccine_Rates_09152021.pdf (922 KB), COVID_Metro_Council_09142021.pdf (416 KB)

Hello Councilmembers,

Please see attached for this month's COVID data update. The most recent vaccine demographics report for the county is also attached.

Note that, as always, we are still keeping the event calendar up-to-date, and that we still encourage you to share it broadly. There is still a handy QR code as well as tiny URL (tinyurl.com/mphdvaccines) for easy sharing. The QR code remains on the Safe Nashville website. These are the same link and QR code we've shared for several months now, so no bookmarks should have to change if you've previously saved them somewhere.

If you are looking at the calendar, you can see we are still actively vaccinating throughout the county—if you know of an interested host site or want to see more events in your district then please feel free to reach out and connect us to any potential sites.

If you have any other questions don't hesitate to reach out.

Leslie A Waller, MPH
 Epidemiologist | Communicable Disease and Emergency Preparedness
 Metro Public Health Department
 2500 Charlotte Pike
 Nashville, TN 37209
 Desk: 615-340-5379 | Cell: 615-712-1784
leslie.waller@nashville.gov

COVID19.Nashville.gov

The website was used as a focal point for all things COVID. This includes the latest info on Metro's testing and vaccination centers and a calendar of MPHD pop up testing and vaccination events in the community.

Nashville COVID-19 Response

Keeping Nashville Safe & Healthy

The Drive-Thru testing and vaccine clinics, located at 2491 Murfreesboro Pike (former Kmart), and at 28th Ave. and Charlotte Ave. (350 28th Ave. North) offer free PCR COVID tests and both Pfizer and Johnson & Johnson vaccines. Drive-Thru clinics are open from 8 a.m. until 2 p.m., Monday – Friday.

Operations can change due to weather.

[Click here](#) to for up-to-date hours of operation from Nashville's Emergency Operations Center.

Metro Public Health Department also hosts pop-up testing and vaccination sites around the city. [Click here](#) to find a COVID-19 community site near you.

The Pfizer vaccine is available for anyone five years old and older.

The Johnson & Johnson vaccine is available to anyone 18 years old and older.

REMINDER: The COVID-19 Vaccine is FREE to everyone.

- HOME
- "REFER TO WIN!"
- VACCINE Q&A
- COVID-19 TESTING RESOURCES
- ARCHIVED UPDATES FROM THE MAYOR'S OFFICE
- ARCHIVE OF PUBLIC HEALTH ORDERS

CHAPTER 1. - PUBLIC HEALTH

Sec. 10.101. - Metropolitan board of health—Created.

There shall be a metropolitan board of health which shall oversee administration of the Metro Public Health Department as herein provided.

Sec. 10.102. - Same—Qualifications, term and selection of members.

The board shall be composed of nine (9) members. One (1) member shall be a doctor of medicine or osteopathic medicine certified for practice as such by the state board of medical examiners and licensed by the state licensing board for the healing arts, and who shall have had not less than five years' experience in the active practice of his or her profession. One (1) member shall be a licensed mental health professional who shall have not less than five years' experience in the active practice of his or her profession. One (1) member shall be a registered nurse. Two (2) members of the board shall be chosen without reference to occupation, except that they shall not come from the medical profession.

Four (4) members shall come from any of the following categories:

- A doctor of medicine or osteopathy certified for practice in Tennessee by the state Board of Medical Examiners;
- A practitioner in an allied health field with a background in the practice of public health;
- An attorney licensed to practice law by the Tennessee Board of Law Examiners;
- A veterinarian licensed by the Tennessee Board of Veterinary Medical Examiners;
- A dentist licensed to practice by the Tennessee Board of Dentistry;
- A person with a background in environmental health practice or policy;
- A person with an advanced degree in public health;
- A person with a background as a Community Health Worker.

The members of the board shall be appointed by the mayor and confirmed by a majority of the whole membership of the council. They shall serve terms of five (5) years each. Any vacancy other than by expiration of term shall be filled for the unexpired term. Members of the board shall serve without compensation. The initial terms of additional board members added by this section may be staggered to ensure no more than four seats are vacated in a given year.

• Sec. 10.103. - Same—Functions.

The board of health shall hire the director of health, as specified below, and oversee his or her direction of the department with respect to all administrative functions of the metropolitan government pertaining to:

1. The physical and mental health of the people.
2. The investigation and control of communicable diseases.

3. The regulation of publicly and privately owned institutions for the purpose of sanitation and public health.
4. The enforcement of reasonable rules and regulations promulgated as herein provided.
5. The collection, compilation, tabulation, analyzing and reporting of statistics and data concerning births, still births, deaths and such vital statistics.
6. The performance or the functions previously assigned by law to the health officers or the health departments of the City of Nashville and Davidson County, or such as hereafter may be assigned to city or county health officers or city health departments or county health departments in Tennessee.
7. The inspection of all charitable institutions, all jails and all institutions of the metropolitan government where sick, mentally ill, destitute or other persons are confined. The board may cause any person convicted of violating any law or ordinance and who is confined, or who is on parole, to be examined as to the causes contributing to the delinquency and shall make and keep a record of such examinations.

Sec. 10.104. - Same—Duties.

In addition to the duties otherwise imposed by this Charter or by general law, it shall be the duty of the board of health to:

1. Determine and establish the policies to be followed in the exercise of its functions.
2. Establish within the department of health such divisions, branches, or subdivisions, and plan of organization as may be consistent with efficient administration, which organizational plan shall be submitted by the board to the council for approval by ordinance, and which organizational plan may be amended from time to time in like manner.
3. After public hearing adopt reasonable rules and regulations or amend rules and regulations previously adopted as necessary for the protection of the health of the people, which rules and regulations, among other things, shall set standards and procedures and requirements of conduct not less than as set out in regulations of the commissioner of public health of Tennessee. No such rule or regulation shall be contrary to any metropolitan ordinance.
4. Hear and act upon complaints of persons affected by decisions of the director of health and to amend or set aside such decisions as are contrary to policies or regulations of the board.
5. Cause to be submitted, with the aid of the department of law, for submission to the council for its consideration, a comprehensive Health Code which shall embrace all matters with relation to public health to which the powers and duties of the board extend, and which shall have as its purpose the preservation and promotion of the health of the people of the metropolitan government.
6. Submit to the mayor, within six months after the beginning of each new term of office, a report upon the activities of the department of health and a comprehensive program of public health and indigent medical care.
7. Conduct inquiries, make investigations and hold hearings for the purpose of investigating nuisances, preventing the creation of nuisances, taking other preventative steps to protect the health of the

community and for other purposes herein set forth in connection with the powers, duties and authorities of the board. In conducting any such inquiry and mailing of any such investigation the board shall have and may exercise the same investigative powers as are vested by this Charter in other metropolitan agencies which are given investigative powers.

8. Contract with other governmental agencies, or with public or private institutions, subject to confirmation by the council by resolution for such services as will further the program and policies of the board.

9. Cause to be prepared by the director of health, subject to review and revision by the board, the proposed annual budget for the metropolitan board of health.

10. Cooperate with agencies of the United States and of the State of Tennessee in all matters of public health and sanitation and accept, receive and provide for the use of federal and state grants in aid, state aid and matching funds.

11. Cooperate with privately endowed or operated institutions, funds or foundations in all matters of public health and sanitation and receive and accept and provide for the use of grants from any such institutions, funds or foundations.

12. Exercise such other authority and perform such other duties as may be required by ordinance consistent with the general law and the provisions of this Charter.

- **Sec. 10.105. - Chief medical director of health—Appointment and qualifications.**

The board shall appoint a director of health and may enter into an employment contract with such person for a period not exceeding five (5) years, and at a compensation to be fixed by the board. Such compensation so fixed shall be subject to approval by the council by resolution. The qualifications for the director of health shall be established by the board, subject to approval by the Metro Director of Human Resources.

If the director of Health is not a doctor of medicine or osteopathy, the director shall appoint a medical doctor who may be a member of the department staff to serve as the chief medical officer, which appointment is subject to board approval. Any powers, duties, responsibilities or authorities vested in the director of health that require or imply that the director is a licensed physician shall be delegated to the chief medical officer. Any such delegation shall be made in writing and shall be filed with the Board.

- **Sec. 10.106. - Same—Powers and duties.**

The director of health shall be the chief administrative officer of the board. He or she shall be responsible to the board for the administration and execution of its program and policies. Within the policies set forth by the board he or she shall have general management and control of any divisions of the department and such other administrative units as may be created by the board or by ordinance. With the approval of the board, pursuant to established personnel policies, and subject to the provisions of this article, he or she shall appoint and remove the heads of the divisions and other officers and employees of the board. He or she shall have such other powers and duties as may be authorized by general law, by this Charter or by ordinance.

- **Sec. 10.107. - Personnel rules and regulations of the board of health.**

The metropolitan board of health, consistent with the standards of the merit system of the United States Public Health service, shall establish, adopt and make available for distribution, its rules, regulations and policy statement concerning its personnel policy, the manner and method of employing personnel, the requirements with reference to the qualifications of both professional and nonprofessional personnel, salaries, vacations, sick leave, job security, retirement policy, and other related terms and conditions of employment by the board.

The board shall constitute a civil service board with respect to employees of the board of health for the purpose of [section 12.09](#) of this Charter and for the purpose of investigating and hearing charges against any professional or nonprofessional employee, and for the purpose of dismissing, suspending or otherwise disciplining any such employee, or reviewing any decision of the director of health affecting the employment status of such employee. In the discharge of its duties as a civil service board, the board shall act pursuant to its rules and regulations governing personnel policies promulgated as hereinabove stated, and shall have the same investigative powers as vested by this Charter in other agencies of the metropolitan government in which investigative power is vested. Any employee of the board dismissed or discharged pursuant to the action of the Board after hearing, may have such discharge or dismissal reviewed in the same manner as is provided in this Charter for the review of actions of the civil service commission under certain conditions.

Sec. 10.108. - Budget of metropolitan board of health

The director of health shall submit to the mayor, with approval by the board and through the director of finance, the budget for the metropolitan board of health. If the mayor shall make any change therefrom in the budget submitted by him or her to the council, it shall be his or her duty to inform the council with respect to such change and the original proposals of the board.

Sec. 10.110. - Civil service medical examiner; civil service examinations.

The director of health shall designate a qualified professional member of his or her medical staff as civil service medical examiner to conduct physical examinations for civil service personnel, including applicants for appointments, to conduct examinations for persons in retired status and applicants for retirement benefits, and to conduct periodical examinations for drivers of vehicular equipment of the metropolitan government. In addition, the civil service medical examiner shall conduct physical examinations when requested by any board or agency of the metropolitan government but solely for metropolitan government purposes; or as provided by ordinance.

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.

Attachment VI

Civil Service Rule 4.5.A.

What is Civil Service Rule 4.5.A?

Rule on compensation for promoted employees

OPEN RANGE POLICY

- Promoted employees earn either a **5 to 7.5% increase in pay**
OR the minimum salary for the new classification
(whichever is greater)

What Does This Mean?

Consider this Case Study:

An employee has worked for 3 years at MPHD as a Public Health Administrator 1 earning a salary of \$67,000.

If they were to be promoted to an Epidemiologist 1, their new salary would be restricted to \$72,953 (the minimum for grade 7 on the Open Range).

An external candidate hired to the same position, however, could negotiate their salary to be as much as \$102,435.

Why Should CSR 4.5.A. be Amended?

Amending Civil Service Rule 4.5.A. would promote:

Fairness

- By valuing promoted employees as much as external hires

Continuity

- By aligning with Metro policies that provide the same salary ranges for promotions as new hires

Morale

- By incentivizing employee loyalty and retention

Fairness

At MPHD, new external hires have flexibility to negotiate their salaries within the open range.

Promoted employees do not have the option to negotiate beyond 5 to 7.5% salary increase.

Continuity

MPHD and Metro have different policies on compensating promoted employees

Metro employees have an advantage compared to MPHD employees in negotiating for higher promotional salaries

Morale

The current restriction on promotional pay could contribute to employees feeling that their dedication and contributions to MPHD are unrecognized or undervalued.

RECOMMENDATIONS

- Provide promoted employees equal opportunities to negotiate their salaries as external hires
- Match or surpass the flexibility provided in the Metro Open Range Policy
- Incentivize employee retention and professional growth to maintain institutional knowledge

MPHD CSR Pay Discrepancies Between New Hires and Promotions

Rule 4.2 - GENERAL PAY (New Hires)

- Employees can be compensated **“anywhere in the range”** as long as it can be justified by their credentials and complies with other rules.
- The minimum salary rate normally shall be paid on original appointment. All requests to hire above the minimum salary must be approved by the Director or designee. Those requests for a salary above the midpoint require Board approval.

Rule 4.5.A. PROMOTIONAL PAY

- Employees promoted on the open range can only receive the minimum salary of their new classification OR a 7.5% increase in pay (whichever is greater).

RECOMMENDATION

At minimum add:

All requests to hire above the minimum salary must be approved by the Director or designee. Those requests for a salary above the midpoint require Board approval.

MPHD vs Metro Open Range Policies

MPHD CSR 4.5.A.

- Employees promoted on the open range can only receive the minimum salary of their new classification OR a 5 to 7.5% increase in pay (whichever is greater).

Metro Policy 5.10

- For “**replacement positions**” departments may hire new employees or promote current employees up to the salary of the employee who left, up to the 75th percentile.
- If the position is not a replacement, the department may hire up to the 50th percentile (midpoint) without Civil Service approval.