**Human Services and Public Safety Policy Committee Meeting Notes (HSPSPC)**

**Date: Friday, November 21, 2014**

**Time: Noon – 2:00pm**

**Location: COG Board Room**

 **777 North Capitol Street, NE**

 **Washington, DC 20002**

1. **CALL TO ORDER, INTRODUCTIONS, APPROVAL OF MINUTES, AND ANNOUCEMENTS**

**Barry Stanton, Chairman HSPSPC**

**Deputy Chief Administrative Officer**

**Prince George’s County**

September 19, 2014 Minutes approved by committee

1. **REGION FORWARD: NEW TARGETS AND GOALS FOR CHILD WELFARE AND HEALTH**

**Paul DesJardin, Director**

**Department of Community Planning and Services**

Paul Desjardin noted that the presentation will focus on the context of Region Forward; a series of products, goals, targets, and metrics; and the Health and Human Services and Public Safety regional goals in Region Forward.

It was noted that child welfare program was overlooked by the Department of Community Planning and Services when Region Forward was initially established. The child welfare program was the first such program across the country and it is the gold standard for other cities and it is now being included in Region Forward. Further, over the past several months COG staff has been collaborating with Dr. Haering and the Health Officers to update goals and objectives being used for Health in Region Forward.

**Kamilah Bunn, Manager**

 **COG Child Welfare Programs**

Ms. Bunn noted that the Child Welfare Board recently convened and acknowledged some areas needing improvement. They found that abused children are grossly neglected in our area and that more resources are needed from agencies to assist in reuniting individuals with their families. The goal is to improve is the capacity of child welfare in the region that will result in an increased downward trend of children in the system. The Child Welfare Board wants to provide a safety net that is robust and available.

  **Stephen Haering, MD, MPH, FACPM**

 **Director, Alexandria Health Department**

 **Representative of Health Officers Committee**

Dr. Haering reported that in meetings of Health Officers and COG staff it was discovered that the Region Forward health goals needed to be updated. He presented the proposed new health goals that are being recommended by the Health Officers Committee (HOC) for Region Forward. He noted that the HOC wants healthy communities in the region to have greater access to quality health care and for individuals to enjoy health and well-being. The HOC would like to have at least 50% of our communities meeting a majority of healthy community goals. Dr. Haering indicated that the HOC would like residents and sub groups to continuously gain quality and quantity in their lives with an indicator being the number of jurisdictions adopting a model policy framework. He noted that all residents’ life expectancy measure should be the topic driven in our communities today. Dr. Haering stated that the most appropriate measure should be the number of poor mental health day’s vs poor physical health days. The HSPSPC committee discussed the new Region Forward health goals being proposed by the HOC and accepted them with on minor adjustments.

1. **EBOLA COORDINATION UPDATE**

**Stephen Haering, MD, MPH, FACPM**

**Director, Alexandria Health Department**

Dr. Haering noted that the first Ebola case was reported in December 2013 in New Guinea when a 2 year old child died from it. In August Ebola became a disease of interest to the World Health Organization. Community physicians have had a major effort on Ebola since the spring of 2014. Every traveler from West Liberia, Mali, and Sierra Leone are required to endure specialized searches and questioning .These countries don’t have the public health infrastructure that the majority of the world has in place. Individuals coming to the United States from those countries are required to arrive through one of five airports in The United States that support the intricate system to make sure the individuals arriving in the United States are properly screened. Afterwards, individuals arriving from those countries are categorized as low, medium, and high risk and assigned a restriction level for a 21 day incubation period. These 21 days can vary between active monitoring based on a daily phone call to full on quarantine - not infectious but close monitoring. If they have symptoms of Ebola, they are entered into healthcare regiment and treated.

Many people are showing up at hospitals with symptoms of Ebola. Most of these illnesses stem from influenza or malaria. The Department of Social Services and protective elements for the traveler ensure no big breakouts. The biggest challenge can be apathy or unreasonable fear. Community partners often take a proactive view to combat any backlash. The statistics indicate that the fatality rate of Ebola is 30%. At the screening individuals are provided a package with a thermometer and literature to communicate information to health officials.

**Stuart Freudberg, Deputy Executive Director**

**Council of Governments**

Stuart Freudberg reported that the COG RESF-15 External Affairs Committee has already published Frequently Asked Questions (FAQ) regarding Ebola to better inform individuals on the threat. Mr. Freudberg thanked Dr. Haering and the Health Officers Committee for all of their great work since 9/11 and more recently with Ebola. He also thanked Melisa Dunkerson who has been diligently coordinating with the different committees and subcommittees to establish a great partnership to address any Ebola issues that may come our way. In collaboration with the Health Officers and others we developed a handout that addresses all the main questions one might have in response to Ebola. It has been provided to a number of committees from which we received outstanding feedback. The COG Attorney’s Committee developed a matrix that provides a high level of operational awareness that was most helpful to local officials to include Fire, Health, Police, alongside Water and Waste. These four groups are meeting regularly to convey the same message congruently.

1. **STATE OF OBESITY REPORT**

**Rich Hamburg, Deputy Director Trust for America’s Health**

Our level of physical activity has dropped significantly in recent years due to our jobs and the forms of entertainment we participate in where we are normally in a seated position. High Blood Pressure numbers have increased significantly because of the poor food choices made day to day by many of Americans. We have not seen a drop in Blood Pressure in the past 29 years we’ve been doing this report. Unfortunately we haven’t made the strides needed to have a healthier nation. Annually we have put a report detailing the inconsistencies of our habits related to our health but most of the time it gets overlooked. It can be said that we’ve made some progress only because we’ve been at plateau for years. It doesn’t reflect positively or negatively on our reporting system. The health of adults in our region continues to go down. Our children from the ages of 10 to 17 have the third highest obesity rate in the country. Colorado has the lowest rate of obesity. The obesity rate in some states is over 40%. It has quadrupled causing concerns about the hundreds of pounds being gained. Due to obesity many health related diseases have become a huge reality. Cancer, arthritis, Cardiac related malfunctions, and diabetes have become the most talked about in the medical field. The biggest concerns are “The Baby Boomers”. They will be a big burden on Medicare and cause a big problem in the way of support of their sicknesses. Many area public health budgets have been cut severely. We need broader sustained funding to invest in these revitalized policies that promote health and well-being. In a recent study by the NAACP, it was determined this region has greater barriers due to limited access to healthcare. We need more options such as Farmer Markets and Corner Stores. Our sidewalks need to be renovated so we can actually use them to fully get from one destination to the next.

1. **CORRECTIONS CHIEFS UPDATE ON PERFORMANCE MEASURES AND DATA COLLECTION**

**Thomas Faust, Chair, Corrections Chiefs Committee**

**Director, DC Department of Corrections**

We have seen an increase in the positive impact of our environment due to changes made after we accessed our data collection of our antiquated systems. Being on one accord and sharing pros and cons of different systems has truly pushed us forward. Many of our statutes have been updated to reflect the needs of our staff’s well-being. In doing so we have taken great strides to increase the morale of our constituents and outlying communities to build a partnership that will last.

**Arthur Wallenstein, Vice Chair and Chair Elect,**

**Corrections Chiefs Committee**

**Director, Montgomery County DOC & Rehabilitation**

Our statistics have varied over the years due to inconsistent ways of gathering information. After determining the true reporting needs, we used the feedback to further our goals. We began to construct a more congruent way to relay the messaging to our colleagues. Therefore we’ve made great strides in providing the proper services to the right people in their time of need.

**Major David Kidwell, Vice Chair Elect**

**Corrections Chiefs Committee**

**Director of Corrections, Arlington Co Sheriff’s Office**

Due to proper measuring of our reaction styles we’ve been able to initiate new programming. We’ve introduced new policies to address the needs we were lacking in many areas. In instituting greater data collection amongst ourselves loopholes were closed and confusion alleviated. Serving the public with a greater awareness became a greater goal because of the detailed investigation of our policies and procedures.

1. **JURISDICTIONAL ROUNDATABLE**

Paul Quander stepped in as Barry Stanton had to depart for a prior engagement. He alerted the committee of their next meeting. He also made some closing remarks as this is the last time to participate in the HSPSPC. Everyone thanked him for his services and wished him well in the future.

1. **CLOSING COMMENTS AND ADJOURNMENT**

***SCHEDULED MEETINGS FOR 2015***

***February 20th***

***April 17th***

***June 19th***

***September 18th***

***November 20th***

***December 18th (if needed***)

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