

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
October 5, 2017

APPROVED Minutes

Members in Attendance

Shana G. Boscak, Anna L. Davis, Mary Beth Haller, Susan Kleinhammer, Patricia McLaine, Cliff Mitchell, Barbara Moore, Paula Montgomery, Sen. Nathaniel Oaks, Christina Peusch
Adam Skolnik

Members not in Attendance

John Scott, Leonidas Newton, Manjula Paul

Guests in Attendance

Mark Borgoyne (MDE), Camille Burke (BCHD), Benita Cooper (MIA), Jack A. Daniels (DHCD), Rachel Hess Mutinda (MDH), Dawn Joy (AMA), Myra Knowlton (BCHD), Wes Stewart (GHHI), Ron Wineholt (AOBA)

Welcome and Introductions

Pat McLaine called the meeting to order at 9:35 AM with welcome and introductions. Pat McLaine thanked Barbara Moore for chairing last month and Anna Davis for taking minutes. Paula Montgomery asked what the policy is for non-commissioners to speak during Commission meetings. Pat McLaine stated that the Commission has always had a place during the meeting for public comment and for the public to ask questions. We don't prohibit people from participating. Paula Montgomery said that she wanted to know what the policy is – she said that at times it can muddy the process of what the Commission has on its agenda. Pat McLaine asked that Commissioners let her know if they have any concerns about not being able to speak or address concerns at a meeting. She indicated that at this point she does not believe it is necessary to eliminate public comment during the meeting.

Approval of Minutes

A motion was made by Nathaniel Oaks, seconded by Adam Skolnik to approve the September minutes as amended. All present Commissioners were in favor.

Old Business – There was no old business.

New Business

Baltimore City Childhood Lead Poisoning Prevention Program Fiscal Year Report - Camille Burke provided the update for Baltimore City Health Department using a power point presentation with handouts and a copy of the schedule for National Lead Poisoning Prevention Week, October 23 – 28. Baltimore City's work is built around the social determinants of health with the goal to close the gap in childhood lead poisoning between Baltimore and the rest of the state by 10% by 2020. Although there are fewer children with BLLs of 10µg/dL and higher, the

number of children with BLLs of 5-9µg/dL has gone up. Zip codes also drive the work with a large number of affected children living in 5-9 zip codes. The primary source of lead exposure in both pre-1950 owner occupied housing and pre-1978 registered rental properties is lead paint. In owner-occupied, lead dust accounts for a smaller but discrete proportion of exposures and for pre-78 rentals, a similar proportion is associated with immigration and travel outside the US.

Home visits are done by environmental and health staff together, including an interview, a visual inspection, XRF inspection and dust testing. If other possible sources of lead are identified, items are tested. If the team doesn't identify a source on the first visit, they make a second visit. The average time to an initial home visit was down to 20 days in 2017, an improvement. A number of case management challenges were identified including missing contact information, frequent moves, often out of and back into Baltimore City, reluctance of primary care provider (PCP) to provide missing or current contact information, completing a Notice of Defect when the adult residing in the home is not the tenant listed on the lease, safety of staff, and rent-to-own situations. Fewer visits were made to families of children with BLL 5-9µg/dL (131 compared to 243 last year). In addition, some follow-up contacts are being made by phone.

BCHD is focused on Primary Prevention and also offers home visits by a CHW to low-income pregnant women and women with young children, focusing on identified potential lead hazards and educating the family about the importance of a safe environment and of testing their child. BCHD also offers a number of different gatherings in homes and community locations for families and caregivers focused on environmental hazards and healthy homes trainings. Outreach is quite extensive, with CBOs, community groups, MCOs, schools and early childhood centers. A lead poisoning prevention video is now being shown in the Mayor's office and Community Service Action Centers. Baltimore City is leading the state in work with Section 8; Baltimore City and MDE recently hosted a large meeting with more than 760 Section 8 inspectors at MDE. BCHD is also doing QA of cases by supervisors to identify areas for continual improvement. Section 8 does a once a year inspection to look for potential problems, including lead hazards. It is a good program, important for prevention and few poisoned children live in Section 8 housing. Adam Skolnik said he did not know if Section 8 is doing Notices of Defect.

Another innovation, BCHD is cross-training lead inspectors about housing codes that apply to asthma triggers so they can issue violation notices for identified asthma triggers. The City follows the International Property Maintenance Code. A Mystery Shopper Program is also in place and purchases are made of items from random stores to determine if any have high lead content.

Point of care testing begins in October; BCHD has purchased 3 instruments. The primary focus will be on follow-up testing in homes of their clients. BCHD will also test at health fairs and community events but wants parents to take the children to their PCP. Camille indicated that she is open to suggestions from the Commission for POC testing but is concerned that they won't have much capacity. Barbara Moore asked if BCHD were in a home with several children, would they test the other children in the home? Camille Burke stated that they will test all

children in the house even if they are over 6. The problem isn't testing, but what to do if a child is positive and over the age of 6. Barbara Moore said that Mount Washington would be willing to see these children and fight to get resources needed by families.

The theme of National Lead Poisoning Prevention Week is "Kids run better unleaded." Plans for Lead Poisoning Prevention Week include: door to door community outreach in East Baltimore; Spanish-speaking presentations at BCHD Immunization Clinic in East Baltimore targeting Latinos; Partnership event with University of Maryland focused on testing; school program at Tench Tillman and other work in East Baltimore.

Christina Peusch noted that legislation was introduced in the last session about green cleaning. She said that the early childhood community is concerned about the spread of viruses and green cleaning keeps coming up. It is more expensive and doesn't kill germs the way that bleach does. Camille Burke said that BCHD recommends back to the basics with vinegar and baking soda and natural products. BCHD has recipe cards and will share them. Pat McLaine noted that bleach is a problem for children with asthma if it is prepared too strong; this may be something to discuss at a later time.

Pat McLaine asked about source identification for cases, specifically dust testing. Camille Burke confirmed that BCHD did dust testing in all homes; only a proportion of the owner occupied properties had high dust lead results. Noting that 90% of Baltimore's housing stock was built before 1950, Camille Burke said the Annual Report will go into more depth and will be helpful with regards to pinpointing the direction that needs to be taken. Some recent sources have included a fisherman handling lead weights, Indian candy and spices in Baltimore City. One store had candy with lead levels "off the charts"; the candy had poisoned one child who had been eating one piece every day. Regarding Rent to Own (RTO) status, Camille Burke said there had been a huge uptick in RTO properties. Paula Montgomery indicated that these properties are considered rentals. Adam Skolnik stated they are still rentals even if a contract has been executed, until the deed is transferred and recorded. Wes Stewart stated that RTO properties were more prevalent from 1995-1998 when the law first came out. We haven't seen much of this since the late 1990s. Camille Burke indicated that there is also a problem with relocation. Pat McLaine asked how the Commission could be helpful; Camille Burke said Point of Care testing and recommendations for improving outcomes. An electronic copy of slides will be shared with Commissioners.

National Lead Poisoning Prevention Week - Paula Montgomery said that MDE will be preparing a calendar for the state for National Lead Poisoning Prevention Week and would share it with the Commission.

Regulation Review – Paula Montgomery indicated that the governor has asked agencies to look at regulations that don't serve a purpose. MDE has prepared a list of minor lead regulatory changes for the lead program: (1) Remove accreditation for project designers – there are none; (2) remove qualified offer provisions from regulations. When the portion of the law that covered qualified offers was struck as unconstitutional in 2011, regulations were no longer applicable.

(3) Policy – put protocols for dust wipe testing in line with current ASTM standards (updates the current standard). The regulations require 2 blanks per inspection; ASTM only requires one blank sample every 20 samples. MDE is now waiting for the governor to approve and then proposed changes will go up for public comment. When this happens, Paula will send copies out to the Commissioners and guests.

Future Meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, November 2, 2017, at MDE in the AERIS Conference Room – Front Lobby, 9:30 – 11:30 AM.

Agency Updates

Maryland Department of Environment – Paula Montgomery reported that MDE will provide the Annual Report next month. It may not be the final version. The report for 2016 is much more complex; MDE has several new things that need the Secretary and Governor's approval, hopefully before Lead Week. MDH and MDE also are doing an evaluation of the first year of universal blood lead testing initiative in Maryland which has required additional effort. The Rental Registry Administrator position (Administrator 4) has just been posted; Pet Grant will send the description out to Commissioners. Mark Borgoyne is doing regulation inspections and other work is proceeding normally.

Maryland Department of Health – (1) Cliff Mitchell reported that MDH is working closely with MDE to evaluate the first year of the testing initiative. He indicated that the group has a pretty good handle on the increased testing and on variability across local jurisdictions. MDH will talk with local health officers, American Academy of Pediatrics and National Association of Pediatric Nurse Practitioners regarding outreach. They are pleased with the data so far. (2) Cliff Mitchell stated that MDH is in the process of finalizing a MOU with Medicaid on Healthy Homes for Healthy Kids and CLPP and Environmental Management Case Management Program. He met with case managers last month in jurisdictions where the program will be rolled out. A question was asked about Medicaid-funded case management – is it only for kids on MA or also for kids assigned to a MCO? Cliff Mitchell stated that the program was for all kids eligible for Medicaid or CHIP. (3) Cliff Mitchell indicated he is finishing a data sharing MOU and contractual agreement with Medicaid to enable local health departments to hire environmental case management nurses and outreach workers, to look at materials to be produced and distributed by DHCD. He hopes to have the Commission's support for this campaign. GHHI will do a lot of the training and develop a curriculum. (4) ImmuNet – an on-line record of childhood vaccinations provided by all PCPs and maintained centrally – MDH would like to add access to CLR test data for individuals and children. The CLR would transfer files on a monthly basis and these would be uploaded to ImmuNet. Only one IT person is available for the Stellar to HHLPPS conversion. Cliff Mitchell hopes this will be up and running in 2018.

Maryland Department of Housing and Community Development – Jack Daniels provided information on marketing information being developed for Local Health Boards and PCPs. An 800 number has been established and is manned by two people. DHCD hopes to be able to hire contractually for this work. MOU is awaiting approval by MDH. Two additional materials are being prepared: next steps for what to expect – a trifold with general information about the initiative. DHCD does not do work with Medicaid. Jack Daniels provided information about the Lead Initiative through Medicaid - \$4.667 million state and federal funds will be used to conduct lead abatement and lead activities in homes where child has BLL of 5ug/dL or higher, is medically eligible and less than 19 years of age. The source needs to be known and the abatement is preventative. Funding is for FY 2018 (through 6/30/18), but the program may be able to extend to the next fiscal year if necessary. Most of the money will go for lead abatement and lead activity in homes. This more than doubles funding from previous years. \$500K of money was set aside for DHCD projects with lead poisoned children that would be eligible. Shana Boscak asked where families would hear about this program. Jack Daniels indicated that most of the programs are owner-occupied. This program is not limited to owner occupied or to rental. This will be a pipeline, working with local HDs, local MDs. Parents can call 1-833-496-4274. DHCD will be trying to work to make sure families get information from the Health Department and MDs. Medicaid has rules about privacy and sharing data. The goal is to get people into the pipeline ASAP. A match will be made with CLR and Medicaid data, generating a mailing to local health departments. Local health department will generate mailing to family about the availability of funds. Target for initiative: 100 housing units, buildings must be to code. Expect to spend \$45K on non-lead and \$25K on lead expenses. DHCD will make a full presentation on the program at the December Lead Commission meeting.

DHCD's regular lead program is still funded for \$2.0 million and DHCD has already completed \$800K of leadwork during the first 3 months of the fiscal year.

Project CORE – 1,000 blighted properties have been removed through Project Core. Report is available and simple to read. Wes Stewart noted that lead-safe demolition standards were used in these demolitions and City and State are collecting a lot of data from the project. The Commission may be interested in an evaluation of how the lead safe demolition standards were implemented, what were the results. Jack will check to see who might be able to provide this report.

Baltimore City Health Department - Camille Burke reported that the HD was participating in Maryland's work initiative and United Way Project Homeless Connect on October 12.

Baltimore City Housing and Community Development – no representative present

Office of Child Care – no representative present

Maryland Insurance Administration – nothing to report

Public Comment

Barbara Moore reported that she was doing a presentation on October 15 as part of a Baltimore City BrainFest for families of kids K-12.

Barbara Moore reported that she received a Hospital Foundation Grant for a Point of Care instrument for Mount Washington Pediatrics and for use at Health Fairs.

Wes Stewart reported that on October 25 at 1 PM, the House Environment Transportation Committee is holding a meeting on market share liability bill (2017 HB 1358). There is growing support that Maryland should move to a BLL of 5µg/dL as the action level for case management and environmental investigation. Maryland needs to allocate resources; we are falling behind other states. Wes Stewart noted that New Jersey had dedicated \$10 million to a similar effort and that Maine had hired 6 new sanitarians to handle increased caseload.

Paula Montgomery said the CDC's current funding is precarious and their current funding of \$17 million is in jeopardy. MDE did not get the grant from CDC because CDC is unsure about their funding. Although HUD's lead dollars have increased, funding for housing in general has dropped. EPA has received drastic cuts.

Pat McLaine asked the Commission to consider sending another letter to Congress regarding CDC funding. Paula Montgomery noted that MDE needs additional staff. MDE has less people regulating 4 times the number of properties than they did when the program started. Especially lacking is oversight of property owners and contractors. This is a huge gap if our plan is to eliminate childhood lead poisoning.

Adjournment

A motion was made by Barb Moore to adjourn the meeting, seconded by Mary Beth Haller. The motion was approved unanimously and the meeting was adjourned at 11:23 AM..