

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

AERIS Conference Room
June 5, 2014

Approved Minutes

Members in Attendance

Cheryl Hall, Karen Stakem Hornig, Melbourne Jenkins, Edward Landon, Pat McLaine, Barbara Moore, Delegate Nathaniel Oaks, Linda Roberts and Mary Snyder-Vogel.

Members not in Attendance

Patrick Connor.

Guests in Attendance

Kay Abrams – MSDE OCC, Sally Bjornholm – GHHI, Michelle Fransen – Dr. Chueng/OEM Advisor, Kate Malenfant – UMB, Myra Knowlton – BCHD, Jody Johnson – self, Shaketta Denson – GHHI, Lisa Boney – KKI/student, Dae-Hu Lee – KKI/student, Kenneth Strong – Baltimore City Housing, Clifford Mitchell – DHMH, Tracy Smith – MDE, and Paula Montgomery – MDE.

Introductions

Pat McLaine called the meeting to order at 9:35 AM with welcome and introductions.

Future Meeting Dates

The next Lead Commission meeting is scheduled for Thursday, July 10, 2014 at MDE in the AERIS Conference room. The Commission will meet from 9:30 AM to 11:30 AM.

Approval of Minutes

A motion was made by Ed Landon, seconded by Cheryl Hall to approve the minutes with changes and approved unanimously.

Discussion

Old Business

Cheryl Hall reported on the on-going review by the Office of Child Care at thirteen regional licensing offices and distributed a table showing data that was complete for all regions except Region 5 (Montgomery County) for which information was not available. Two regions (2 – Baltimore City and 4 – Prince George's) will repeat their review. Cheryl Hall indicated that she had held a meeting with regional managers to explain what information was needed. Cheryl Hall reported that the Office of Child Care will modify how they report and document information in the ELIS CCRT system. The data items to be modified would include the construction date of the property, and if lead certificate was supplied. Major issues include that licensing specialists did not receive certificates from rental property owners. In Baltimore City and Prince George's County, some owners did not supply certificates to renters. Cheryl Hall asked if

Paula Montgomery could look at Harford, Cecil, Howard, Anne Arundel and Carroll Counties; Paula Montgomery indicated she could look at pre-1950 and 1950-1978 properties but could not look at all 9,000 properties and stated that the data base needed a built date. Cheryl Hall indicated that the date of construction is in DAT. It is not possible for the OCC Licensing staff to determine the property registration or certification status. This is based on the advice given previously during the lead registration data base presentation. Paula Montgomery confirmed that MDE would be willing to look at pre-1950 and 1950-1978 built rental properties being used for child care. Pat McLaine suggested doing a small QC sample of properties by county (e.g. 1 in 15 properties) to see if database listing is in agreement with DAT determination. Paula Montgomery suggested working with DAT to try to find a linkage. Barbara Moore suggested adding another line to the table for post-1978 property so the distribution of properties by age categories would be complete. Ed Landon noted that Talbot and Garret Counties were missing from the table and suggested that the Office of Child Care send a letter to a responsible person in each county asking them to be responsible for providing this information and to send a copy to the county executive. Barbara Moore asked if an owner-occupied property used for child care must also be inspected for lead if problems were identified (e.g. defective paint). Cheryl Hall confirmed that was correct. The N/A on the table submitted is intended to reflect 1) the number of buildings that are owner occupied child care facilities; 2) structural defect was cited; 3) lead dust test results; and 4) Lead Hazard Remediation if completed. These items will be reflected in subsequent commission reports based on the number of regional licensing inspection reports submitted to the central office. Cheryl Hall noted that the Office of Child Care will have central reporting of any inspections not in compliance. A full report will be made in July when Elizabeth Kelly, Director of MSDE Division of Early Childhood Development, Office of Child Care is expected to attend the meeting.

Paula Montgomery reported on the results of MDE's Lead Inspection Survey of the currently regulated community of inspectors to determine their ability to enter information via a web-based application as opposed to a paper certificate. Ninety (90) inspectors responded; 10 tables were distributed for review. Currently certificates are issued to inspectors, returned complete and sent to data entry facility, with many opportunities for errors. Commissioners were asked to email Paula Montgomery with any questions. MDE is now in the process of gathering requirements for data systems within the lead program and expects to be able to support this. Clifford Mitchell indicated that food inspectors are using a tablet system. This is not fast or easy or inexpensive and MDE should have realistic expectations for the work. Karen Stakem Hornig said this is similar to MIA's experience of moving to on-line licensing for insurance. If inspectors want to do business with MDE, it is acceptable to set this up as a requirement. It is in the best interest of the citizens of the state that MDE have the best and most accurate tools available. Cheryl Hall suggested that such a system would make it easier for the Office of Child Care. Paula Montgomery stated that all affected properties being used for child care should have certificates. Barbara Moore indicated that Mt. Washington was using scanning; the advantage is that you have a hard copy of an actual document; the disadvantage is that data cannot be broken down into data fields so the system was not useful for data collection and analysis. Also, the system is very dependent on putting a copy into the scanner.

Clifford Mitchell reported that the DHMH targeting plan and clinical case management guidelines are still in internal review. He indicated that he expects to have a decision in the fall and has already informed the counties that funding for case management will not be changed this year. A change in the targeting plan would potentially affect changes in funding. The bulk of money will probably still go to counties with the largest caseloads.

Clifford Mitchell noted that he had received good feedback from the Laboratory Advisory Committee, including positive response to comments from the Commission and at their May meeting. He indicated he did not see any roadblocks to moving Point of Care Testing to the accepted list but does not have a date for any change in regulation. Clifford Mitchell suggested that the Commission should have a meeting focused on outreach education to providers and increasing testing. He noted that a number of things will be happening in the next year. DHMH is developing a slide deck of information for clinical management of asthma and lead to tie to changes in Medicaid reimbursement (case management, home environmental assessment); this will give DHMH a way to pay for this or make referrals. DHMH wants managed care to use a case manager to access resources. Karen Stakem Hornig made a suggestion that Care First be tapped to help fund a provider education effort. Care First must spend a certain percentage of profit on charitable work and has a direct link to providers. Care First is a resource in terms of cash, delivery system and production and this would be in line with their mission. Other foundations exist but Care First was statutorily created and has been directive in terms of mission. They also have to spend a certain amount on charitable giving and report to the Maryland Insurance Administration.

With regard to Public Housing Authority contacts, Ed Landon provided Paula Montgomery a list of Public Housing Authority contacts; Paula Montgomery indicated she has a letter formulated.

Ed Landon noted that last month DHCD had \$19 million in the Targeted Enhanced Weatherization Program. Ed Landon indicated that this program will send an administrator to the Lead Commission meetings and is now in the early stages of putting their program together.

New Business

Lavender top tube draft letter to DHMH and the Laboratory Advisory Committee was discussed. Barbara Moore noted that although the venipuncture tubes for blood lead draws are blue and tan, the proper capillary tubes have lavender tops. Mt. Washington has already seen clinical problems with children admitted for chelation based on venipuncture draws using the lavender top tubes who's BLLs on retesting were found not to be elevated. Linda Roberts asked if it would be helpful to provide clearer written instruction. Barbara Moore suggested attaching pictures of the correct and incorrect tubes to any correspondence from the Commission. Karen Stakem Hornig suggested asking the government relations people from Lab Corps and Quest to come to a meeting to discuss this matter. They could potentially resolve this matter quickly and internally. Delegate Nathaniel Oakes indicated that he liked this idea and that if this does not work, we could look at legislative or regulatory approaches. Barbara Moore suggested we should also consider sending letters with pictures out to providers through Managed Care Organizations. Karen Stakem Hornig asked that the draft letter be sent to commissioner for their comments. Next steps will include inviting Lab Corps and Quest to a future meeting as well as the Office of Health Care Quality.

Agency updates

MDE – nothing further to report

DHMH – no representative

DHCD (State) – Ed Landon indicated that DHCD will be adopting new building codes for 1/1/2015. Ed Landon noted that the water fountains at the DHCD offices were only now being tested for lead, 28 years after the agency has been in the building.

Baltimore City Health Department – Myra Knowlton reported that the application process for the new lead director, to replace Madeline Shea, has closed and that the program will get the list of about 150 eligible candidates in about two weeks. The City hopes to hire by the end of the summer. Myra Knowlton asked the Commissioners what qualities they would be looking for in this director. Ed Landon suggested that the director should know the City. Shaketta Denson said the director should be compassionate about their work, not complacent, perhaps from outside the system. Mary Snyder-Vogel said the person should be able to listen to and learn from existing staff. Pat McLaine indicated the individual should have good partnership, communication and collaboration skills. Karen Stakem Hornig suggested a problem-solving orientation with leadership and executive skills, saying she told her staff to never come to her with a problem without three viable solutions within the resources they have available. Barbara Moore suggested giving the candidate a scenario to determine how they would think through problems. Mel Jenkins said that the individual should understand the organizational structure; Barbara Moore added that they should also understand the state, city and private health care structures. Karen Stakem Hornig said the person should be able to break down silos. Ken Strong suggested that the person should be a shamelessly opportunistic bureaucrat, thinking creatively. Paula Montgomery noted the person should be able to prioritize needs within the organization. Linda Roberts suggested the person should be solutions and results focused. Myra Knowlton reported that the number of children with BLLs of 10µg/dL is not decreasing; BCHD is putting together a database based on the questionnaire to better analyze the factors and determine their best course of action. Lead appears to be coming from porches, foyers, outside of dwelling units, and also be associated with cultural factors such as candy and kohl. BCHD has had a number of products tested. They want to zero in on the problem and determine how best to focus their approach. BCHD staff are making telephone calls with all children identified with 5-9µg/dL BLL but few of these families want home visits. If problems are identified, they are taking dust tests. Many of the lab slips on the 5-9 are not being reported in a timely manner and many are missing address and phone numbers. Based on longstanding work with MDE, the labs should know better. Pediatricians are also not doing follow-up testing. Mary Snyder-Vogel asked if it would be good to try to get blood more often. Linda Roberts asked what information providers were giving to families whose children had a BLL in the 5-9µg/dL range. Barbara Moore said that information varies. Anticipatory guidance is typically given. Until providers begin using Point of Care Testing, they won't know results and can't counsel family when they are in the office. Most primary care practices send something home with families. Shaketta Denson noted that none of the Coalition's clients had received information sheets from their PCP. Cheryl Hall noted that the parents do have a copy of laboratory reports.

Maryland Insurance Administration – Karen Stakem Hornig indicated that this would be her last meeting because she is leaving MIA to take a new position as Executive Director of National Producer Insurance Agency (NPIR) in Kansas City. The position is a big opportunity and she has family in the area. She will be at MIA until the end of June. Nancy Egan will be her replacement; she will be the Deputy Commissioner, has a health insurance background and is a lawyer. Karen Stakem Hornig thanked the Commissioners for all working together on this very important problem and remembered back to her first meeting when the Commission was again talking about lavender top tubes and she had wondered, "what in the world is that".

Baltimore City Housing and Community Development – Ken Strong reported that HUD had made a monitoring visit, the HUD grant is in the "green" zone with no problems identified, and Baltimore City can apply for new funding in the next round; Baltimore City Housing plans to go after the maximum amount (3.9 million). Ken Strong reported that staff attended the Healthy Housing conference in Nashville, that Baltimore was doing well and that Green and Healthy

Homes movement was gaining traction. He indicated that the program might intensify work with Section 8. Ken Strong also noted that he is preparing a proposal to the US Conference of Mayors focused on nutrition and childhood lead poisoning, based on a connection with the WIC program. Paula Montgomery asked if there would be any funding for Baltimore City Health Department in that proposal, noting that MDE continues to fund BCHD even with the loss of CDC funding.

Child Care Administration – Nothing further to report

Coalition – Nothing further to report

Motion to adjourn the meeting was made by Karen Stakem Hornig, seconded by Mary Snyder-Vogel, and passed unanimously. The meeting was adjourned at 11:03 AM.