

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
December 3, 2015

APPROVED Minutes

Members in Attendance

Melbourne Jenkins, Susan Kleinhammer, Edward Landon, Patricia McLaine, Cliff Mitchell
Barbara Moore, Christina Peusch, John Scott

Members not in Attendance

Nancy Egan, Paula Montgomery, Del. Nathaniel Oaks, Ken Strong, Tameka Witherspoon

Guests in Attendance

Camille E. Burke (BCHD), P. T. Connor (CONNOR), David Fielder (LSBC), Laura Fox (BCHD), Sheneka Frasier-Kyer (DHCD), Syeetah Hampton-EI (GHHI), Pamela Harris (MDE), Dawn Joy (AMA), Myra Knowlton (BCHD), John Krupinsky (MDE), John O'Brien (MDE), Manjula Paul (MSDE), Victor Powell (HUD), Christine Schifkovitz (CONNOR), Tommy Tompsett (MMHA), Chris White (Arc), Laurie Wilmot (MDE), Ron Wineholt (AOBA), Joseph Wright (MDE).

Introductions

Pat McLaine called the meeting to order at 9:35 AM, with a welcome and a moment of silence in reflection on the events yesterday in San Bernardino, California, involving local Environmental Health staff. Introductions followed.

Approval of Minutes

After a quorum was achieved, minutes were reviewed. John Scott moved to accept the minutes for October, Mel Jenkin seconded and the October 2015 minutes were accepted unanimously. With regards to November minutes, after minor correction of the date on the page heading, John Scott moved to accept the minutes, Mel Jenkins seconded, and the November 2015 minutes were accepted unanimously.

Future Meeting Dates

The next meeting is scheduled for Thursday, January 7, 2016 at 9:30 in the AERIS Conference Room.

Old Business

Looking up EPA Violation Data in ECHO – Christine Schifkovitz (Connor) reviewed how to search for RRP enforcement on EPA's website. A total of 286 cases are posted, seven (7) from Maryland. Fines vary from \$0 to \$500,000. Enforcement is complaint driven, initiated by region; some regions have not submitted any or all cases. Victor Powell indicated that

most of the enforcement is driven by tips and complaints to EPA. Ed Landon asked when MDE will be in a position to follow through on complaints in Maryland. Will complaints be driven by code enforcement? Code enforcement officials have been trained and could report violations. Paula Montgomery was absent, but will address the Commission about RRP enforcement at a future meeting.

Victor Powell stated that Ken Strong is sponsoring training on December 14 and 15 for Baltimore City field staff on RRP and lead laws. The second day will focus on HUD rules, EPA rules and Maryland enforcement.

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Ed Landon stated that the training would be very helpful if provided to people who would be enforcing this. Code officials should be trained. This ties into the importance of City officials understanding the need for RRP training by contractors doing major renovation work. Victor offered to let Pet Grant know if there is availability for the second day of training so that information can be shared.

HUD Training Videos –Sheneka Frasier-Kyer, Division Chief for Lead Hazard Reduction Program for Baltimore City, said one video was for consumers and one for stakeholders. The consumer video was shown. Sheneka Frasier-Kyer will send the stakeholder video for distribution to Commissioners.

Funding for Child Care Facilities Workgroup – Christina Peusch indicated that the workgroup will meet again later this month. Information has been found regarding funding for small businesses. A full report will be presented in January 2016.

New Business

Baltimore City Health Department Presentation

Laura Fox showed a map on life expectancy in Baltimore City. There is a 20 year life expectancy gap in the city: some neighborhoods (such as Hollins Market and Upton/Druid Heights) have a life expectancy of 63 years, the same as the US life expectancy in 1940 and comparable to developing countries. The top five reasons that Baltimore residents are dying too young are heart disease, cancer, homicide, HIV/AIDS and drug-induced deaths. Poor educational attainment is associated with lead exposures of childhood and with dying at an early age. Problems are not just about the single issue of lead but about the social determinants of health: where you live, learn, work, and play has a lot to do with health. Laura Fox noted that about 50% of a person's health outcomes are associated with their physical environment and SES. The lead program is often the only City agency involved with the family and staff make many referrals (to WIC, food stamps, mental health). The City is meeting with families whose children have BLLs of 5-9µg/dL and 10µg/dL+. Clusters of cases are seen in both west and east side communities. Maps from 2000 to 2015 show decreases in the sizes of areas with lead poisoning cases, but the same areas are still identified. Camille Burke stated that one staff handles children with 5-9µg/dL BLLs; home visits are made by Public Health Investigators (PHIs), community health workers who are all certified lead assessors. PHI staff provide education about BLL testing, education about lead, distribute green cleaning supplies and refer families to community agencies. Staff

hold gatherings in community and recreation centers where conversations occur about lead and green cleaning. Twenty such meetings were held in 2014 and 40+ held in 2015. BCHD collaborates with community groups, MCOs, schools, and early childhood organizations. Monthly meetings to coordinate on cases are held with housing and quarterly meetings are held with DHMH. BCHD also meets regularly with the HUD field office and partners with GHHL.

Follow-up for BLLs 5-9µg/dL includes telephone calls and a home visit. The overall goals for 5-9s are to reduce BLL and prevent BLLs from elevating. MDE sends a lab slip to BCHD, where a case is opened and entered into Stellar. The system assigns the case for public health investigation. PHIs reach out to the family, usually within 2-3 days, up to 5 days, to schedule a home visit focused on health education, nutrition, and cleaning. Families are strongly encouraged to arrange repeat testing for their child. PHIs can issue a Notice of Defect if observations warrant. A large list of literature is provided to the family. If there is no phone number, BCHD mails out information. Families are contacted four times, twice by mail, twice by phone. Reminder post cards are sent following 3 months. The case is closed in 6 months if BLL is below 10µg/dL. So far in FY 2015, BCHD has conducted 72 telephone call follow-ups, 131 home visits, and organized 15 healthy homes gatherings.

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For cases with BLLs of 10µg/dL+, BCHD does a QC spot check review of 10-50 cases per year, focusing on if timelines have been met and if families received services. In addition, all charts are reviewed for quality purposes quarterly. Based on this review, a list of concerns is developed and a plan developed to follow up. Of interest: timeliness of the initial contact, the medical HV, the EH contact, the EH inspection, action taken including issuing a lead violation notice, and the outcomes of the follow-up. Two years ago, staff were going out separately. Now the sanitarians and PHIs go out together. Questionnaires have been streamlined to reduce redundancy, which has been beneficial to the families. The percentage of families referred to legal has increased.

Cliff Mitchell asked what interaction program staff had with medical providers. Laura Fox indicated that these contacts focused primarily on repeat BLL testing. Cliff Mitchell suggested that a case manager at the provider's office could play a role in this coordination, not only for lead but or other health hazards as well. The lead program does not report back to the providers on the findings of the home visit, as the asthma program does. Pat McLaine suggested that it would be very important to set up a standard template for a report to providers. Ed Landon asked if BCHD has a relationship with the Housing Authority for Section 8 Scattered Sites or Housing Developments. If the Health Department identifies information of concern during the interview, is that information getting back to the maintenance staff who would handle work orders? Laura Fox said indicated that the MOU with Ken Strong's program states that housing will pay for 150 home visits for children with BLLs 5-9µg/dL. The Housing Authority Lead Program is a designee of the Health Department so they can share data for kids who have been poisoned. Ed Landon stated he was concerned about whether the Baltimore Housing Authority actions were sufficient for cases where a child is poisoned. Myra Knowlton noted that Housing has been responsive

by phone and email communication with BCHD supervisor Geraldine Woodson and that quick intervention has been feasible where needed.

Pat McLaine asked about the sources from which children are getting poisoned, for 2014. Laura Foxx said BCHD could put that information together. Myra Knowlton indicated that food products are now an issue as well as contaminated soil; toys have not been much of a problem.

Susan Kleinhammer indicated that her concern was liability the Health Department is putting themselves into, specifically the amount of time the Health Department has the information about possible housing risks before that information is disseminated to landlords: is this an issue? Is there any concern about litigation due to the time between the identification of a child with an elevated BLL and an inspection? Myra Knowlton stated that BCHD is satisfying its duty. The inspectors have science degrees. QC has been useful and BCHD also addresses outliers and looks for trends.

John Scott stated he would be interested in seeing more about the sources of lead: is a source always identified? Are there cases with no sources of lead identified? Or instances of multiple poisonings? Frequently more than one child is poisoned in a home; there is also the issue of generational poisoning. John Krupinsky asked what the source was and whether dust wipes were taken. If dust levels are below the reportable level, is there still a problem? The dust standard was last changed January 5, 2001.

Baltimore County staff asked Cliff Mitchell to share how he might outreach to County Health Departments. Cliff Mitchell indicated that 2 meetings had been held with local health departments and that DHMH was reviewing local management guidelines now. He expects the regulation date will be early March 2016. DHMH is still planning to do provider outreach.

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Christine Peusch asked if BCHD had partnerships with early childcare programs. Laura Fox stated that BCHD did not have any now but would love to establish those partnerships. Camille Burke indicated that BCHD is now talking with the Judy Centers.

Barbara Moore noted that most primary care provider (PCP) offices do not have care managers. Reporting findings back to the PCP is a gap we need to fix. In a recent situation where a case was dropped, Mount Washington and the primary care provider were both concerned. Also, the home inspection report would be very useful for Mount Washington to have to work with cases. Laura Fox indicated that BCHD could provide the home inspection report to Mount Washington. Myra Knowlton indicated the timeframe for identifying a problem during an inspection and reporting that problem to a landlord was about 3 days in Baltimore City.

Manjula Paul suggested that medical case management from insurance companies may also be a resource. Pat McLaine noted that these care managers do not typically go out to

the home but some are available for visits to the office and for phone follow-ups. Cliff Mitchell suggested that if lead is seen as a chronic condition, more support may be available from MCOs. Manjula Paul stated that MCOs and insurance companies should be concerned as this problem would impact their bottom line. Barb Moore suggested we determine if lead poisoning is on the list of chronic conditions for which MCOs and Medical Assistance are providing case management. John Krupinsky noted that Amerigroup and Priority Partners provide telephonic and mail follow-up now. Barbara Moore stated that she is able to get authorization for hospitalization in three days from MCOs but is having great deal of difficulty with Medical Assistance, where the turn-around time is 5-7 days. This is a major policy barrier to care.

With regards to what is done differently with a child who has a BLL of 12-13µg/dL or a very high BLL, Laura Fox indicated that BCHD sanitarians have authority to go to the home and to write violation notices for any child with a BLL of 10+µg/dL. The PHI cannot write violation notices. Laura Fox indicated that sanitarian testing may include soil, window sills, porches, dishes and foods. Tommy Tompsett requested that the slides be sent to the Commission; Laura Fox will send them to Pet Grant.

Update on the MDE Rental Registry

Joe Wright provided an update on MDE's Rental Registry. MDE has seen increased registrations since 1/1/15, particularly for properties built 1950-1978. The US Census suggests that Maryland has about 312,000 housing units built before 1978; as of 11/30/2015, 147,075 units have been registered (47%). Because of the way property records are maintained, it is difficult to know the exact universe of properties.

The State Board of Assessment and Taxation database was used to identify properties in Baltimore City and Baltimore County that may be rentals and are not currently registered. In the summer of 2015, 32,927 letters were sent to owners in Baltimore City and 17,300 were sent to owners in Baltimore County. MDE plans to review records and send letters in every county. Patrick Connor asked how many of these affected properties were free of lead based paint. Is it possible that there are 160,000 properties built 1950-1978 that are certified lead free?

Joe Wright indicated that MDE saw an exodus of properties after the provision for limited liability was struck down. Unfortunately, the taxation building database does not match MDE's databases, including the certificate database, registration database and s-dat.

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With regards to the number of certified lead-free properties, Joe Wright indicated MDE will provide a better estimate for Baltimore city and Baltimore County for the total number of pre-1978 rentals, the number with lead-free certificates, the number registered, and the number of units that were neither registered nor certified. Approximately 10,500 notices of violation were sent to individuals who had previously registered but did not register in 2013, 2014 or 2015. Commissioners requested follow-up information regarding the effort to target property owners in Baltimore City and Baltimore County. This information will be provided

in January 2016. An update on the status of regulations will be provided at the February 2016 meeting.

Future Meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, January 7, 2016 in the AERIS Conference Room at MDE, from 9:30am – 11:30am.

Agency Updates

Maryland Department of the Environment – Nothing more to report

Maryland Department of Health and Mental Hygiene – Cliff Mitchell indicated that DHMH was working on materials, meeting with WIC and Maternal Child Health to discuss how to work with home visiting programs. Positive feedback was received on the regulations, with thanks to the Commissioners for their comments. DHMH expects to begin focusing on outreach and resources strategy in about 6-8 weeks.

Maryland Department of Housing and Community Development – Ed Landon noted that the legislative session starts in January. Insurance may pursue additional legislative changes. Syeeta Hampton-El noted that the Maryland Judicial Court of Appeals had met and the Rules Committee had made a number of changes, with these new rules going into effect in January 2016. State legislation may be needed to flush out additional issues if changes are needed. Ed Landon reported that the Governor's regulation group had received a lot of input regarding regulatory and statutory changes needed. Lead has shown up in discussions by the Smart Growth Committee.

Baltimore City Health Department – nothing more to report

Baltimore City Housing and Community Development – the Department is still in negotiations with HUD about the new grant, efforts continue to build up the pipeline and continue coordination. HUD is interested in more units being completed. RRP training will be held this month.

Office of Child Care – Manjula Paul noted that the office had discussed changing the testing forms in a meeting with DHMH.

Maryland Insurance Administration – no representative present

Public Comment - Christine Schifkovitz (CONNOR) attended the Vacants to Values event at the Convention Center and reached out to a lot of people about the issue of lead-based paint. Christine Peusch thanked Cliff Mitchell and Paula Montgomery for presenting at a state leadership meeting for childcare providers.

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A sub-committee was formed to explore the impact of additional BLL screening on public health and on housing organizations and to make recommendations. The sub-committee

includes Barbara Moore, Pat McLaine, Cliff Mitchell, Paula Montgomery or John Krupinsky, Laura Fox and Victor Powell.

Adjournment

A motion was made by Ed Landon to adjourn the meeting, seconded by John Scott. The motion was approved unanimously and the meeting was adjourned at 11:39AM.