

**GOVERNOR'S LEAD POISONING PREVENTION COMMISSION**

Maryland Department of the Environment  
1800 Washington Boulevard  
Baltimore MD 21230

MDE AERIS Conference Room  
November 3, 2016

APPROVED Minutes

**Members in Attendance**

Nancy Egan (via phone), Susan Kleinhammer, Patricia McLaine, Cliff Mitchell, Barbara Moore, Paula Montgomery, Leonidas Newton, Del. Nathaniel Oaks, Christina Peusch, Adam Skolnik

**Members not in Attendance**

Mary Beth Haller, Edward Landon, John Scott

**Guests in Attendance**

Camille Burke (BCHD), Sheneka Frasier-Kyer (HCD), Michelle Fransen (Cogency), Melissa Gobal, Syeetah Hampton-EI (GHHI), Lisa Horne (DHMH), Robin Jacobs (OAG), Dr. Ezatollah Keyvan (MDE), Myra Knowlton (BCHD), John Krupinsky (MDE), Victor Powell (HUD), Christine Schiffkovitz, (CONNOR), Greg Sileo (BCHD), Tommy Tompsett (MMHA), Ron Wineholt (AOBA)

**Welcome and Introductions**

Pat McLaine called the meeting to order at 9:45 with welcome and introductions.

**Old Business**

Office of Childcare Report – deferred to December

MDE Childhood Lead Registry Report – Pat McLaine reviewed list of comments received from Commissioners (meeting handout). Paula explained that the Department is pigeon-holed on report generation as a result of databases. They are working on the HELPS system. MDE is involved with DO-IT to create new Rental Registry and Compliance data bases. Paula Montgomery stated that the Department does not have the capacity to track and manage these cases. The Department has talked about tracking refugee populations. With regards to lead free properties, Paula is not sure what obligation MDE has to investigate these properties. With regards to using Chapter 16 for the investigation, Paula Montgomery insisted that MDE uses a version of Chapter 16 to investigate. She said she isn't clear part of the investigation she has not conveyed to the Commission. With regards to the issue of time for follow-up, some parents don't take their children back for follow-up with their primary care provider for a year. Barbara Moore stated that Mt. Washington does track these outcomes for about 100 children every year and asked who tracks how quickly the children get into lead-safe housing. Paula Montgomery stated that that is part of the problem with MDE's system. John Krupinsky does not know about compliance for the house. There are compliance issues with both the medical follow up for the child and with the property. From an enforcement perspective, cases can take 6 months to years to complete. John Krupinsky stated that a break-out group from the Commission spent 1 ½ years looking at case management and funding and didn't finish their investigation. Information was not presented to the Commission. Maybe time frames will be solved with the

handheld analyzer. Pat McLaine noted that the subcommittee had received outcome information only on the move to  
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lead-safe housing with section 8 vouchers, provided by GHHI. Cliff Mitchell stated that DHMH is planning a case management conference and plans to unify the data elements. If case management is something we ask providers to do, what should providers do for case management of BLLs 5-9µg/dL? Cliff Mitchell stated that Medicaid Managed Care Guidelines might be forthcoming and recommendations would be helpful to him. Paula Montgomery noted that the workgroup was 4-5 years ago and the focus was very broad. If our mission is prevention, maybe we should take little steps. Pat McLaine noted that it would be very helpful to tease out the non-housing sources. Paula Montgomery noted that "Lead Free" does not mean "no lead paint". It means lead is below the Maryland threshold, but we have to follow the Guidelines for HUD. "Lead free" is the probability that the property does not contain lead. Paula stated that she had provided the Commission with the questionnaire MDE uses for investigation – it is very thorough and provides more than Chapter 16. She indicated that MDE completes the questionnaire for each property regardless of property type, noting it is MDE's responsibility to identify all potential sources. There is an issue regarding tracking and managing sources. The case management database was in Access. When MDE moved to Windows 2007 later on, there were glitches that staff could not correct. Staff have been tracking and managing cases but a backlog of data that needs to be fixed. MDE's focus has been ensuring that properties under MDE's purview meet standards. MDE is working very closely on lead inspections. Cliff Mitchell stated that DHMH will initially be lowering BLL from 10 to 5µg/dL. DHMH will evaluate lead screening from the clinical management point of view, working directly with the providers. DHMH will have administrative data, Medicaid data, CLR data, testing rates for PCPs and private insurance companies. Nancy Egan asked if any work was needed with insurers. Adam Skolnik stated that the Commission does need to make recommendations even if there are issues in getting data. Susan Kleinhammer noted that the complexity for determining sources has increased, especially as CDC level has dropped; we must do a really good job of identifying the sources. The problem is litigiousness for landlords; landlords get the brunt of liability even though children may have multiple sources of exposure.

Barbara Moore stated that CDC has standard guidelines for testing kids when they come into the country. She asked if there is a state database for refugee testing and if Maryland is in compliance with testing, in accordance with CDC guidelines (testing immediately on entry and then testing at 18 months. Tracking changes over time would be important. Barbara Moore noted that John Krupinsky has provided the Commission with information on sources for new cases in the past; the majority have been housing related. Barbara Moore noted a recent case of two cousins, one from another country, and one from the US. The first was exposed to lead in country of origin and the second visited that country and was exposed to lead there and became sick in that country. The second child had a higher BLL (now in 30s) that has taken a long time to come down; the first child was identified with a BLL in the 20s that is now coming down.

Syeetah Hampton-El stated that she understood the plight of database issues. It is very hard not having adequate IT support. Even if MDE could break out what is being requested, would it change our focus on housing? Are owners testing soil and water? Many properties are old. Are there lead service lines? Could one source be water? Are owners prepared to replace lead

service lines? Look at Flint; there are costs for this. Syeeta Hampton EI said she doesn't understand why lead certificates are not available on-line. That would be so very helpful.

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Camille Burke noted that she wanted to be really clear: Maryland's IT needs have outpaced the system we have. Stellar is not useful. Follow-up information is still empty. We need to figure out how to bolster the system. Myra Knowlton stated that getting doctors to do follow-up is still not happening. If they don't test kids, we can't tell what is working. Barbara Moore stated that Mt. Washington gets a letter from BCHD about the child's BLL and asked if primary care providers also get these letters. Myra Knowlton stated yes, BCHD sends letters, makes phone calls and also talks with families. Susan Kleinhammer noted that this is a state-wide problem, not just a problem of Baltimore City. Syeeta Hampton-EI noted that parent's don't want to take their child to see the doctor because it's a negative experience. Transportation is also a problem. Paula Montgomery noted that we are almost through 2016 now. There may be HIPAA issues. If the Commission wants MDE to do this, MDE is going to need money. Paula Montgomery noted that MDE is getting a new CDC database but will still need to make changes and will require money. She said MDE needs the ability to collect data through proper systems; MDE does not get that data for some children. Barbara Moore stated that case management is the glue that holds everything together. One thing Mt. Washington has been very concerned about is the utilization of resources in moving from 10 to 5. What resources are we really taking for 10s and above? For 5-9 (now done only in Baltimore City)? How is this impacting local and state programs financially? Some kids 10-15 are only receiving telephonic follow-up now. When do children get into lead-safe environments? Syeeta Hampton-EI stated that she thought Prince Georges County was focusing on 5-9s, in addition to Baltimore City. She expressed concern that if hazards aren't identified and addressed, the children will eventually have BLLs of 10 and above. John Krupinsky stated that some kids do not go above 5-9. Pat McLaine noted that based on hearings held for DHMH several years ago, the Commission had suggested automatic referral for compliance if a child had a BLL of 5-9. Cliff Mitchell stated that it would be helpful for the commission to send a letter to DHMH also. John Krupinsky stated that 6 counties are doing something with BLLs 5-9. If the house is rental and was built before 1978, the EH Questionnaire is done, including filing of a notice of defect (where appropriate) and follow-up as needed. A lot of other issues come up. Where are we going with 5-9s? Are providers being followed with regards to rechecks? Health Departments don't have resources or nurses. The Prince Georges County nurse doing lead runs six other programs for the County. She only has one day per week to deal with lead. How are we going to help fund Health Departments? This is a major topic. A small group consisting of Adam Skolnik, Barbara Moore and Pat McLaine will review comments and prepare recommendations for the Commission to consider. Syeeta Hampton-EI volunteered to assist.

**Approval of Minutes** – a quorum being present, a motion was made by Adam Skolnik, seconded by Delegate Oakes to accept the October meeting minutes with changes on page 3 and 4. All present Commissioners were in favor. A motion was made by Adam Skolnik to accept the September minutes, seconded by Christina Peusch. All present Commissioners were in favor.

### **New Business**

**Baltimore City HUD Grant Program** – Quarterly Report. Sheneka Frasier-Kyer provided a report on the last quarter, ending September 2016. The Goal of the grant program is to complete and

clear 230 units and to provide healthy housing measures in 115 units, beginning in February 2017. This quarter, the program completed and cleared 20 units. Thirty units were evaluated, Lead Commission Minutes  
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and 29 had lead hazards. As of the end of the quarter, 21 additional units were in progress, 21 more were under contract, and 6 people were trained. A total of 79 home visits were completed. Sheneka Frasier-Kyer stated that some properties will be undergoing weatherization and some will receive rehab money. The program uses a single application that asks about both weatherization and rehab. She can get more information about this. Victor Powell noted that Baltimore City is a leader in HUD's program.

Baltimore City CLPP Fiscal Year Report – Camille Burke provided the report on Baltimore City for the fiscal year ending June 2016, including a handout. She noted that a slide showing where cases are by zip code is not yet ready to go out. The social determinants of health all pertain to the work BCHD does with cases. Chronic disease is prominently figured in BCHD's thrust. This calendar year, BLLs of 5-9µg/DL are through the roof with a huge number of new cases 10+ and 5-9 through October. Although BCHD does not have enforcement authority (MDE does), BCHD wants to prevent further exposure for children. The average time to complete an initial home visit has improved, but BCHD can still improve. This was a major issue several years ago and has received a large amount of attention by staff with resulting improving. In FY 2016, average time for case of BLL 10-14 was 26 days, below the protocol of 30 days. For BLL 15-19, average time was 13 days, less than the protocol of 15 days. For BLLs 30+, average time was 2 days, at the protocol of 2 days. For BLLs 20-29, average time was 13 days, above protocol of 5 days. For cases 5-9, telephonic follow up is done if the family does not allow a home visit. BCHD does try to get into every home and one person is dedicated specifically to follow-up for BLLs 5-9. There are many challenges including lack of basic contact information. MDE has provided assistance, but cell phone numbers are changed frequently by many of the parents. In addition, there are issues with completion of a Notice of Defect (NOD); some poisoned children are not on the lease and parents or renters are reluctant to complete a NOD. Shelter is everything for families. Trauma training has been key for staff doing this work. Some issues have arisen for rent to own tenants. In addition to secondary prevention, the BCHD has a primary prevention effort consisting of home visits, gatherings and referrals. Referrals for CO detectors have resulted in providing safety to families with CO exposure. BCHD plans to increase primary prevention visits to 450 between 2016 and 2018. BCHD also trained 85 child care providers on basic lead issues on 10/29/16. BCHD is also involved with many partnerships with parent and community groups. The Lead Prevention Video and the HUD video are being shown at all engagements. BCHD also conducts Quality Assurance by reviewing 15-20 cases randomly every quarter to make sure the cases are meeting targets as established. A report is given back to individual staff and all staff with the results.

In the future, BCHD hopes to integrate asthma education into home visits. The lead program is cross-training lead staff to provide asthma education. BCHD is also exploring point of care testing. One expanding partnership is EBCO, an education-based Latino outreach. BCHD also held a poster contest on what it means to be lead free; 200 children participated. Winners will be featured on a BCHD calendar and all participants received acknowledgements.

### **Agency Updates**

Maryland Department of Environment – Paula Montgomery noted that MDE is moving forward with DO-IT on lead registry data issues and a side program with HELPS. Inspector investigation is on-going.

Department of Health and Mental Hygiene – Cliff Mitchell stated that outreach was done for Lead Poisoning Prevention Week with MDE, Baltimore City, Baltimore County and Harford County. DHMH is talking with Maryland Medicaid. A case conference will be held for local health departments and MDE in November to address case management issues. DHMH is looking at comprehensive evaluation of screens of universal testing requirements. They want an external evaluation – what is still needed? How do we target outreach? DHMH wants to take a 6 month look – testing before and after March 2016, looking at highest testing numbers in Harford, Carroll, Frederick and Montgomery (areas with low testing rates). DHMH will further analyze this data and make it available to the public. Barbara Moore asked if Point of Care testing data will be examined – Cliff said yes. Cliff Mitchell also said he was having discussions with MDE and IMMUNET about putting the lead data into ImmUNET.

Department of Housing and Community Development – no one was available for a report

Baltimore City Health Department – Camille Burke reported that BCHD is also digitalizing 50,000 lead records and this process is almost complete. This will change the work flow in the office tremendously.

Baltimore City Housing – nothing more to report.

Maryland Insurance Administration – Nancy Eaton noted that one investigation is on-going.

### **Public Comment**

Syeetah Hampton EI from GHHI reported that the National Lead Summit will be held December 4 and 5 in DC. More information is available from [nationalleadsummit.org](http://nationalleadsummit.org).

### **Other New Business – Response from the Attorney General**

Pet Grant distributed copies of the letter from Adam D. Snyder, Chief Counsel, Opinions and Advice for Maryland's Attorney General, response to a letter sent by the Lead Commission last month. During discussion, Commissioners felt that it would be useful to have a ruling by our December 1<sup>st</sup> meeting, if possible. Pat McLaine will draft and send a response to Adam Snyder.

### **Adjournment**

A motion was made by Cliff Mitchell to adjourn the meeting, seconded by Barbara Moore. The motion was approved unanimously and the meeting was adjourned at 11:36 AM.