

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

MDE AERIS Conference Room
June 6, 2019

APPROVED Minutes

Members in Attendance

Anna Davis, Susan Kleinhammer, Patricia McLaine, Paula Montgomery, Barbara Moore, Manjula Paul, Christina Peusch

Members not in Attendance

Shana Boscak, Benita Cooper, Mary Beth Haller, John Martonick, Cliff Mitchell, Leonidas Newton, Adam Skolnik,

Guests in Attendance

Erin Bradley (AOBA), Camille Burke (BCHD), Stephanie Cobb-Williams (MDE), Patrick Connor (CONNOR), Jack Daniels (DHCD), Ludeen Green (GHHI), Aaron Greenfield (MMHA), Lisa Horne (MDH), Jonathan Klanderud (MDE) Kaley Laleker (MDE), Rachel Hess Mutinda (MDH), Bill Peach (HABC), Greg Sileo (BCHD), Wes Stewart (GHHI)

Welcome and Introductions

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

New Business

DHCD 3rd Quarter Update – This update was moved ahead on the agenda by request of Jack Daniels, DHCD. A written report covering expenditures through the end of May 2019 was distributed. As of this date, most of existing funds have been spent. Of 1.9 million allocated for lead (State and Baltimore City), \$683,847 has been spent. Two deals in the Healthy Homes for Healthy Kids Initiative have encumbered \$170,000; the program is waiting on a relocation package for six other deals worth \$800K. The pipeline has one million still to be encumbered this fiscal year. The average cost for lead work has increased significantly; families often are in complete desperation when they get to us. Medicaid funding is allowing us to do this. Nine jurisdictions are providing case management for asthma. This year, DHCD has more funding for all projects. DHCD supported Baltimore City's HUD funded proposal and is working with them. A new group in Prince George's is working with a non-profit to do a repair program; DHCD is working with them. DHCD has received increased funding for addressing hazards in senior homes. Three funds are used to address lead: Lead – State, Lead – Baltimore city and Lead – Healthy Homes 4 Healthy Kids. DHCD is trying to create an emergency program to deal with major emergency; statute makes this difficult. Question was asked: what is driving the average cost of Healthy Homes for Healthy Kids of nearly \$126,000; that is nearly the cost of a rebuild. Answer: lead is everywhere – in the house, in the soil, and major structural issues (roof) need to be dealt with also. Some areas, the housing stock is historical. There are also relocation costs up

to six months. Jack Daniels said that DHCD anticipates more scrutiny going forward about what they can and cannot do working with Medicaid. CMS is pleased that DHCD has been making
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progress and has such good collaboration with Maryland Medicaid. Jack Daniels confirmed that most of the properties are owner-occupied in both Baltimore and State programs. The Medicaid-funded program is focused on helping an affected child and is 100% grant funded.

Approval of Minutes

A quorum was not present. Pat McLaine asked Commissioners to provide any additions or corrections to Pet Grant-Lloyd prior to the August 1, 2019 meeting when these minutes will be approved.

Old Business

Strategic Planning – Paula Montgomery said she would review the Maryland Home Improvement Commission (MHIC) regulations and building codes for Renovation, Remodeling and Painting (RRP). She plans to meet with Chris Corzine, MDE AG Office. The plan is to write a letter to the MHIC inviting them to come to a Lead Commission meeting. Paula Montgomery will have the information on MHIC for our August 2019 meeting.

New Business

MDE Compliance and Enforcement Update – Jonathan Klanderud, MDE, Chief of Lead Compliance for the Lead Poisoning Prevention Program (LPPP) reviewed the report covering the 2019 Fiscal Year through the Third Quarter (January 1-March 31 2019). MDE's Technical Services and Operations Program (TSOP) is responsible for the registration component of the lead law. A total of 3,031 units were registered with MDE during this quarter. A total of 129,049 pre-1978 dwelling units are currently registered and paying a \$30 annual fee. A total of 464 inspections were performed by LPPP and TSOP during this quarter. During the quarter, MDE determined that there were a total of 879 units with possible violations; this number is higher than prior quarters because it is more difficult to resolve violations during the winter months. Prior quarters had a big push to clean up the back log. With regards to enforcement actions, compliance was obtained without going to the AG's office in 17 cases. TSOP had a large push for non-registered properties this quarter. Registrations are due 12/31 of every year. MDE conducts follow-up on properties not registered. With regards to administrative penalties, \$171,011 was collected by LPPP and TSOP this quarter. With regards to trends, Jonathan Klanderud indicated that in the past MDE has had larger enforcement actions against larger owners but as knowledge of the law has increased, MDE is now seeing smaller property owners that are non-compliant. It should also be noted that the rental market itself sees a lot of ownership changes. MDE is also receiving a significant increase in certificates for units meeting the lead-free standard. A lead free certificate exempts a unit from MDE registration (and fees) and future certificates at turnover.

The LPPP oversees environmental investigations and is in the process of drafting regulations in response to HB 1233 that passed during the 2019 legislative session. The bill lowered the action level for lead case management and environmental investigations when a child 6 years or

younger (or pregnant woman) is diagnosed with a BLL of 5µg/dL or greater. As the levels go down, MDE sees additional sources of lead being involved. The inspectors are very careful in

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investigating potential sources other than paint, for example spices and surma or kohl. MDE provides families with information on primary prevention.

MDE does investigate prior addresses if it is indicated that a child that has recently relocated to a compliant property may have been exposed at a prior addresses. The investigation is key: the environmental questionnaire will lead you down the right path: dust, soil, paint testing, paint chip sampling, spices, cosmetics, toys, trinkets, and ceramics. Local health departments can do water sampling if water is determined to be a potential source.

With regards to Lead Paint Service Providers, Jonathan Klanderud indicated that oversight occurs not only on 3rd party inspectors, but contactors as well. If MDE investigates and determines that a certificate does not meet the requirements, MDE will invalidate it. The public is welcome to file a complaint; MDE has a phone line for complaints. Jonathan Klanderud stated that MDE does receive anonymous complaints but these are not a high priority. For non-registration, MDE is working with the Maryland Department of Assessments and Taxation (MDAT) to determine if a unit not listed as the principal residence is a rental unit. In general properties have an identifier in MDAT database that indicates if the owners reside in the property. TSOP has used this data to get non-owner occupied pre-1978 properties registered. Similar to other local jurisdictions in Maryland, Baltimore City has its own registration system. Residents of Baltimore City are required to register all non-owner-occupied properties, including garages, annually. There are many variations in commercial properties that include storefront below and rental above. Apartment complexes are also listed as commercial properties, so it requires boots on the ground to identify these correctly.

MDH Update – Copy of an email from Cliff Mitchell, MDH, welcoming input from the Commission on an evaluation of Maryland’s universal screening protocol was distributed to Commissioners. Specifically, Cliff Mitchell requested input on the following questions:

1. What questions do the Commission members feel are the most important to address in evaluating the impacts of the changes in testing requirements?
2. Who are the stakeholders that should be consulted as part of the evaluation process?
3. As the Department looks at the evaluation data and considers the impacts of the regulatory change, what impacts should we consider regarding the requirements of HB1233?

A motion was made by Susan Kleinhammer seconded by Christine Peusch to give Commissioners until Monday, July 29 2019 to provide Pet Grant with feedback for MDH on these three questions. All present Commissioners were in favor.

Rachel Hess Mutinda, MDH, talked about Program 2, the home visiting program for children with lead and asthma in nine jurisdictions including Baltimore City, Baltimore County, Charles

County, Dorchester County, Frederick County, Harford County, Prince Georges County, Saint Mary's County and Wicomico County since January 2018. The model uses a nurse and CHW. Children are eligible if they are enrolled in or eligible for CHIP or Medicaid; if they have a BLL of 5µg/dL or higher (Lead) or if their asthma is moderate to severe as diagnosed by a physician

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with a referral from the physician (asthma). The asthma program has a 6-visit protocol. Program staff provide durables including a heap vacuum cleaner, green cleaning equipment, a mattress cover for the child with asthma and information on cleaning. Maryland is one of a very few number of states with such a program and is getting many calls from other states. For the lead program, 171 home visits have been made for lead in FY 2019. MDE reports everything by quarter. The largest jurisdictions involved are Baltimore City, Baltimore County and Prince Georges County. Although some of the CHWs have had lead dust testing training, they are not taking lead dust tests. CHWs are also getting training on referral process. Direct referrals are made from MDH to DHCD program. There are six visits within one year; the second is two weeks after the first, but this is not a strict protocol. NOTE: MDH is not measuring change in BLL; the child is discharged from the program based on understanding of what hazards need to be addressed. BCHD is following up in Baltimore City.

Asset and Gap Analysis – Wes Stewart, Green and Healthy Homes Initiative (GHHI), provided a power point presentation. He indicated that that GHHI provides technical assistance to state and local Department of Housing and Community Development consolidated plans. The big picture questions are: Where are the existing resources? How is the state money being utilized at local level? How are federal dollars flowing to the state? These include resources for water and soil as well as paint. The state must identified sources that could be repurposed. Regarding HUD funding: could Maryland get more funding from HUD? Some states have established a remediation fund – for example, in New Jersey, the fund is \$10 million. What and when are other leveraging opportunities? These might include housing, weatherization, housing rehab, energy work. Looking at the basic resources we have: are we allocating appropriately?

The slides covered a number of pertinent areas including:

1 – HUD

2 – Environmental and housing inspection: where do we see the need we aren't able to address? Are resources sufficient around the state, for example, on the Eastern Shore? Are there other choices like housing choice voucher?

3 – Enforcement assets

4 – Case management assets – local health departments, health insurers and health care providers, other home visitors

5 – Blood lead testing and screening; MDH, LHDs; health insurers and providers

6 – Outreach and education – what work is currently funded?

The analysis would focus on the current funding for each of the regular Lead Poisoning Prevention service areas – where are the funding gaps? Is funding sufficient for LPP services including:

- State water supply – Are there lead service lines? Are there goals set by one or more utilities?
- Federal HUD
- Health Care Sector – Healthy Homes for Healthy Kids (Medicaid); others?
- Private Sector – corporate support; pay for success, lead bonds, tax credits

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- Are there other funding sources or innovative opportunities? [Examples: NY State, Rhode Island; Exelon – 38.6 million]
- What about philanthropic organizations or community foundations [Example: Utica – \$6 million]
- Can any funds be repurposed? Could CDBG funds be used to support lead safety across the state?

Wes Stewart indicated that GHHI has a lead tool kit that lists 40 plus resources. Once an Asset and Gap Analysis has been completed, a plan for funding strategic implementation can be put into place. GHHI is now working on a gap analysis with Connecticut, New York and New Jersey.

The next steps, from GHHI's perspective, would include setting up a time frame, having the Commissioners work with GHHI, getting input from local jurisdictions. We will need to assess the lead-safe status of properties in Maryland (registered, lead-safe, etc.). We will also need to look at the last couple of Annual Reports to identify specific sources for lead among children with elevated BLLs before we finalize needs.

Barb Moore stated that we should look at case management data across years. One of the biggest barriers has been insufficient funding to address goals in lead poisoning. We need an asset and gap analysis to help us. It can be scary but we have more work to go. This analysis will help us identify a clear direction in which to go.

Camille Burke, Baltimore City, indicated that she would like to look over this plan. Baltimore City has some requirements that are different from the State and Counties.

Paula Montgomery stated that this needs to happen at a higher level. She stated that she loves this idea and suggests that the Commission can make a recommendation to adopt the approach.

Question: Who is client? In New Jersey, it is the New Jersey State Department of Health

Question: Would there be a cost? No, GHHI offers to do the Asset and Gap analysis for Maryland without charge.

PLAN – (1) GHHI agrees to provide today's slides to Pet Grant Lloyd; they will be sent out to Commissioners; (2) At the August 1, 2019 meeting, Commissions will decide if we want to pursue this; (3) We will need to obtain support for the approach from government agencies.

Anna Davis noted that this approach looks at the landscape to identify where resources are and to identify new resources. Paula Montgomery stated that a concern is redirecting resources. The majority of the funds are from housing and HUD. Christine Peusch stated that our goal is to persevere and help children and families. What is best for children and families?

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Susan Kleinhammer stated that MDE receives no money from general funds. Patrick Connor suggests that the Commission work with the AG. He recommends that the Commission ask for an opinion about the focus of the Commission based on EA6-810 – study and collection of information, setting forth what we want to accomplish with an asset and gap analysis. He stated he believes this provides us with the ability to do this without cost to the department or Commission. There is a framework by law and the Commission should use it.

Pat McLaine will ask for the AG’s input and get an opinion. If possible, we will hold subcommittee meeting of members to review slides from GHHI.

Future Meeting Dates

The next Lead Commission Meeting is scheduled for Thursday, August 1, 2019, at MDE in the AERIS Conference Room – Front Lobby, 9:30 – 11:30 AM.

Agency updates – skipped for this meeting due to lack of time

Public Comment

Patrick Connor asked if the Commission would ask the Attorney General to contact Amazon to identify how many families purchased lead contaminated items (toys and school supplies) from Amazon. These items are known to contribute to lead poisoning. A formal letter should be sent to people who purchased those items asking them to throw the products away. What is Maryland’s AG doing? Pat McLaine indicated that the Commission would address this matter at the next meeting.

Adjournment

A motion was made by Anna Davis to adjourn the meeting, seconded by Susan Kleinhammer. . The motion was approved unanimously and the meeting was adjourned at 11:45AM.

