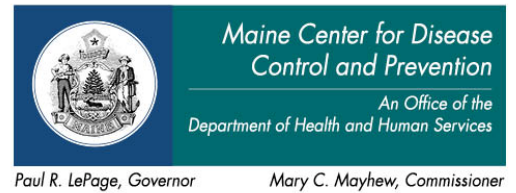


**Lead Poisoning Prevention Fund
Advisory Board Meeting
December 2, 2016 • 9:00 AM – 11:00 AM
Maine Health Access Foundation
150 Capital Street, Augusta, Maine**



Meeting Notes

Board Members Present: Barbara Leonard (Chair), MaryAnn Amrich, Peter Doran, Michele Polascek; **Absent:** Kala Ladenheim, Syd Sewall; **Maine CDC Staff:** Karyn Butts, Andy Smith; **Maine State Housing Authority Staff:** Daniel Drost; **Department of Environmental Protection Staff:** Jamie Tansey

I. Introductions, Meeting Overview, and Objectives

Karyn Butts, staff manager of the Lead Poisoning Prevention Fund Advisory Board, welcomed the group to the meeting and led introductions. Note: Gail Lombardi of the Maine Department of Education resigned from the board in May. Karyn reviewed the objectives of the meeting: 1) update board members on implementation of changes to the Lead Poisoning Control Act; 2) update board members on community-based and statewide prevention activities; and, 3) update board members on changes to budget since last meeting and approve changes.

The group also discussed how many of the issues that had required adjustments to LPPF activities over the last two years have either been resolved or are in the process of resolving. And with the changes to the Lead Poisoning Control Act, which changed the definition of lead poisoning to a blood lead level of 5 ug/dL or higher, making the state's secondary prevention efforts far more robust than they have been in the past, the board agreed to discuss over the next year what, if any, complementary changes in the LPPF primary prevention strategy or activities should be made.

II. Implementing Changes to the Lead Poisoning Control Act

Andy Smith, State Toxicologist and Manager of the Maine CDC's Environmental and Occupational Health Programs, summarized progress that the Maine CDC has made in implementing the changes to the Lead Poisoning Control Act made by the 127th Legislature (i.e., changing Maine's definition of lead poisoning to align with the national pediatric blood lead reference value which is currently 5 ug/dL). These changes are expected to result in a major increase in the number of lead poisoned children and, consequently, the number of environmental investigations and other case management services needed for those children and their families. Andy provided the following updates.

- **New Staff:** The Maine CDC has now filled all five Environmental Specialist positions that were established in order to handle the increase in the number of environmental investigations resulting from the changes to the law.
- **Rulemaking:** Rules associated with the changes to the Lead Poisoning Control Act were finalized and published on September 16, 2016.
- **Implementation Experience and Challenges:** Since September 16, there have been 107 new lead poisoning cases. Of those only 23 would have been considered cases before the new law and rules went into effect.
- **Lead Hazard Control Grants:** Maine State Housing Agency and the City of Portland both received Lead Hazard Control Grants recently. These funds made available by the U.S. Department of Housing and Urban Development provide forgivable loans to property owners who rent to low-income tenants to pay for the costs of lead abatement in order to preserve low-income units. The

cities of Lewiston and Auburn have had a Lead Hazard Control Grant for the past three years; they will be re-applying for these funds in the funding opportunity that is expected to be released early in 2017.

- **Abatement Contractor Capacity:** The Maine CDC is also monitoring the number of licensed abatement contractors currently operating in Maine due to concerns that there are not enough contractors to meet the anticipated increase in demand for these services.
- **Blood Lead Level Confirmation Rates:** The Maine CDC has been actively reaching out to providers to encourage better compliance with Maine CDC pediatric blood lead testing confirmation guidelines for capillary blood lead tests ≥ 5 $\mu\text{g}/\text{dL}$.

III. Implementing New Community Contracts in High-Risk Areas

Karyn Butts reviewed the status of the new community contracts scheduled to begin January 1, 2017.

- The RFP process was completed in November. Awards were made to the following organizations.
 - Augusta: Healthy Communities of the Capital Area
 - Bangor: City of Bangor
 - Biddeford: Coastal Healthy Communities Coalition
 - Lewiston/Auburn: Healthy Androscoggin
 - Portland: City of Portland
- Contracts are for up to five years, broken up into three periods of performance (2 years, 2 years, 1 year), with renewals for each performance period conditional upon partners meeting performance measures.
- Contracts are moving forward through the contracts management process and will hopefully stay on track for a January 1 start date.

Karyn reminded the board that the contracts include a new category of service to be performed by each partner: local capacity building services. In general, partners have proposed activities such as establishing stakeholder coalitions or committees to address lead poisoning prevention, conducting a gap assessment of lead poisoning prevention policies, working to include lead poisoning in the comprehensive planning process, including lead in housing inspections, and seeking federal or private funding to supplement LPPF funding.

IV. Updates on Other Local Statewide and Prevention Activities

- **Lewiston Area Public Health Committee:** Andy and Karyn were invited to attend a meeting of the recently re-established Lewiston Area Public Health Committee in November. Andy presented the latest data about lead poisoning in Lewiston/Auburn, using the Maine Tracking Network. The Committee is charged with developing lead poisoning prevention policy recommendations for the city to consider.
- **Midcoast district public health improvement planning:** The Midcoast Public Health District has adopted lead poisoning as a priority in their 3-year district public health improvement plan. The plan initially focuses on improving blood lead screening rates in the district and the four counties that make up the district; the district has the lowest screening rates in the state. Karyn is providing technical assistance to the District Coordinating Council as they develop their plans.
- **Maine Families home visiting lead dust testing partnership:** Maine Families (MF) and Maine CDC are moving ahead with a pilot to have MF home visitors provide facilitated home lead dust tests for clients that are pregnant or have young children and live in pre-1950 housing. Maine CDC Staff

have prepared and made available a facilitated home lead dust testing protocol, an online training module, and 200 test kits to MF. MF has begun to roll out the pilot.

- **Lead-Safe Housing Registry:** Maine CDC and Maine Department of Environmental Protection have agreed that Maine CDC will take over the administration of the Lead Safe Housing Registry. The transition will occur in 2017, but requires an official memorandum of understanding between the two agencies because the LPPF statute specifically mentions that Maine CDC will provide Maine DEP with the funds to operate a lead-safe housing registry.

V. Budget Updates

Karyn presented several changes to the LPPF budget that occurred since the board met in May and approved the FY17 budget. The board approved by consensus the following changes.

- **Increased revenue (+ \$45,000)** by recouping unspent funds from the Department of Environmental Protection from prior years.
- **Removed expenses for DEP (- \$45,000)** – MeCDC and DEP re-negotiated our MOU; MeCDC will begin administration of housing registry later in this year or next fiscal year.
- **Removed expenses for immunization registry informatics project (- \$25,000)** – this project/expense to include blood lead testing in the Maine immunization registry was part of the FY17 budget approved by the board in May, but Maine CDC has since found other funding for it.
- **Increased expenses for indirect charges (+ \$41,000)** – DHHS increased DiCap (i.e., cost allocation or indirect) charges by ~40% in this fiscal year, which means that there will be more charges for contract administration because of new and old contracts overlapping in this fiscal year.
- **Increased expenses for environmental inspections (+ \$68,000)** – Maine CDC staff determined that LPPF should pay for all environmental lead investigations not associated with a child being poisoned. So any inspections being done as a result of LPPF prevention activities such as home lead dust testing will be paid for by LPPF. This increase also includes funds to cover an increase in inspections of child care facilities.

VI. Next Meeting & Adjournment

The board agreed to keep the next meeting as scheduled (for January 27). The focus of the next meeting will be on reviewing the 2015 lead poisoning surveillance data which will be available by then.