



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 287-8016
Fax (207) 287-9058; TTY (800) 606-0215

2.1.4 A Work collaboratively through established governmental and community partnerships on investigations of reportable/disease outbreaks and environmental public health issues

DOCUMENT 1: MEMORANDUM OF UNDERSTANDING

Name of Document: 214_1_2 DEH_ME HOUSING_DEP_ CHILD PROTECTION

Requirements of the Standard

Is this a contract/MOA/MOU/agreement that documents partnerships for the investigation of outbreaks of disease or environmental public health hazards?

It is an MoU

Does it show how the partner plays a role in investigation?

Page 1 & 2

MEMORANDUM OF UNDERSTANDING
BETWEEN
MAINE HOUSING
AND
MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDHOOD LEAD POISONING PREVENTION PROGRAM

A. Parties

The parties to this Memorandum of Understanding (M.O.U.) are Maine Housing (MH) and the Maine Department of Health and Human Services, Maine Center for Disease Control (DHHS/ME-CDC).

B. Purpose

This M.O.U. establishes the terms under which data transfers between DHHS/ME-CDC and MH will occur for certain Lead Hazard Control grant related activities. Specifically, this MOU specifies how to initiate data sharing to enable MaineHousing to obtain summary aggregated data on blood lead levels of children in units where Lead Hazard Control Grant funded abatement activity has occurred. It provides narrative information to meet Lead Hazard Control Grant related requirements, and enables DHHS/ME-CDC to assess the extent to which abatement activities are occurring in locations identified as having high rates of lead poisoning.

C. Authorities

1. Maine has a statutory goal of eliminating childhood lead poisoning. To achieve this goal, DHHS/ME-CDC has primary responsibility for activities related to public health surveillance of childhood lead poisonings. The DHHS/ME-CDC has the responsibility for implementing the Lead Poisoning Control Act (MSRA 22, Chapter 252). This act requires the establishment of a blood lead testing program in children under 6 years old, establishes restrictions on lead-containing children's products, identifies the housing interventions to be taken when a lead poisoned child is identified, establishes a fee for funding education and outreach activities, identifies the required education and outreach activities, and identifies required data dissemination.
2. Maine State Housing Authority Lead Hazard Control Program was developed to provide grants and deferred/forgivable loans to assist homeowners and landlords in making their homes or apartments lead safe. The five primary purposes are: to reduce lead poison in children by reducing lead-base paint hazards; to develop improved identification of lead base paint hazards; to develop cost effective lead-base hazard control activities; to implement a statewide training and education program on lead-base paint hazards; and to reduce the risk of radon exposure in children and their families.

DEP-DHHS/ME-CDC / Maine Housing M.O.U.

C. Responsibilities

1. Maine Housing agrees to:

A. Provide a monthly spreadsheet to the DHHS/ME-CDC the first week of each month identifying:

1. by address where abatements have been completed during the past month
2. where new abatements are planned,
3. Radon testing results associated with any abatement activity that has occurred.

B. Provide information on locations of abatements that occurred during previous LHC grant cycles, this is a one time data transfer.

C. Participate in the monthly Healthy Homes Advisory Council by an appropriate staff person. It is not expected the Healthy Homes Advisory Council will meet monthly during the full time period of the MOU.

D. Meet with DHHS/ME-CDC quarterly for status updates on abatements and to confirm data transfers from ME-CDC and Maine Housing are adequate.

2, The Maine Childhood Lead Poisoning Prevention Program of the DHHS/ME-CDC agrees to:

A. Using data supplied under MaineHousing Section 1.A, supply on a quarterly basis:

1. the number of units that have children with blood lead levels between 0 and <10 ug/dL during the past calendar year.
2. the number of units that have children with blood lead levels ≥ 10 ug/dL and <20 ug/dL during the past calendar year. The blood lead level counted will be the level which initiated abatement activities (if between ≥ 15 ug/dL and <20 ug/dL) or the most recent test (if between ≥ 10 ug/dL and <15 ug/dL).
3. the number of units that have children with blood lead levels ≥ 20 ug/dL during the past calendar year. The blood lead level counted will be the level which initiated abatement activity.
4. the number of units that have no data on the testing of children.

B. Using data supplied under MaineHousing Section 1.A, supply on a monthly basis a prioritization of abatements according to the following ranking:

- a. Priority 1: Low income housing units occupied by children under age 6 with venous elevated blood leads levels of >15 ug/dL.
- b. Priority 2. Low income housing units occupied by children under age 6 with venous elevated blood leads levels between 10 and 15 ug/dL.

DEP-DHHS/ME-CDC / Maine Housing M.O.U.

c. Priority 3. Low income housing units occupied by children under age 6 with venous or capillary elevated blood leads levels < 10 ug/dL.

C. Using data supplied under MaineHousing Section A 1,2,3 and Section B, map those data and return the maps to MaineHousing. These maps will be updated yearly as the data identified in Section 4(A)1,2 and 3 are compiled yearly.

D. Provide a brief narrative on a quarterly basis that:

1. Describes education and outreach activities and events completed this quarter. Discuss the expected results of the efforts. Describe the outreach efforts at reaching specific groups targeted (door to door, presentations, training, broadcast media, mailing.)
2. Describes outreach techniques and/or particular methods, materials, and formats that have proven to be most effective. Copies of or links to any media coverage and materials, including press clippings.
3. Describe training efforts completed this quarter. Discuss the types provided and any certifications received. These efforts should correspond to the number of individuals trained.
4. If available, the number of low-income individuals trained and the number of property owners/tenants/remodelers/renovators and maintenance workers trained.
5. The amount of money spent on environmental investigations during the identified quarter.
6. The number of community designed educational interventions completed by Dec. 2012 in the 5 high density areas.
7. Status updates on the development of or distribution of an essential maintenance practice course by developed by the Department of Environmental Protection.
8. The amount of money spent on lead dust testing during the quarter and a brief description of the results.
9. The amount of money spent on a targeted mailing to parents of 1 year olds during the quarter and a brief description of those results.

E. The quarterly schedule for providing Maine Housing with the data identified in section B is by the 15th of each month identified below:

Oct 2012, Jan 2013, April 2013, July 2013,
Oct 2013, Jan 2014, April 2014, July 2014,
Oct 2014, Jan 2015, April 2015, July 2015.

5. Both parties agree to provide brief updates on the status of projects for special reports on an as needed basis.

DEP-DHHS/ME-CDC / Maine Housing M.O.U.

D. Amendments and Effective Period

1. M.O.U. shall remain in effect for the duration of Maine Housing's Lead Hazard Control Grant (June 2015).
2. The parties may revisit the priorities and funding documented in this M.O.U., and append any changes to these provisions as needed. Amendments shall be signed by both parties and appended to this M.O.U. as consecutively numbered attachments.
3. This M.O.U. may be terminated for cause at the initiation of either party after 30 days written notice.

Kirsten Figueroa
Director of Energy & Housing Services
Maine Housing

Date

Dr. Sheila Pinette
Director, Maine Center for Disease Control
Department of Health and Human Services

Date