

ALAMEDA COUNTY
LEAD POISONING PREVENTION PROGRAM

Serving the Cities of Alameda, Berkeley, Emeryville, and Oakland
2000 Embarcadero, Suite #300 • Oakland, CA 94606 • (510) 567-8282
WWW.ACHHD.ORG

DATE: April 21, 2017

TO: Directors and Alternates
Alameda County Lead Poisoning Prevention Program

FROM: Larry Brooks, Secretary
Joint Powers Authority

SUBJECT: **Meeting of the Board of Directors**

The next regular meeting of the Alameda County Lead Poisoning Prevention Program Joint Powers Authority Board of Directors is scheduled for **Thursday, April 27, 2017. The meeting will begin at 10:15 a.m., or immediately following the Administration and Finance Committee Meeting at the Alameda County Administration Building, 1221 Oak Street, 2nd Floor, Room 220E, Oakland.**

Attached is the agenda packet for the meeting. If you have any questions, please contact Lidice De La Fuente at (510) 567-8291.

Thank you.

Attachments

Hon. Desley Brooks, City of Oakland • Hon. Susan Wengraf, City of Berkeley
Hon. Malia Vella, City of Alameda • Hon. John J. Bauters, City of Emeryville
Hon. Wilma Chan, Alameda County • Gwen Hardy, Community Representative

ALAMEDA COUNTY LEAD POISONING PREVENTION PROGRAM
JOINT POWERS AUTHORITY

A G E N D A

General Board Meeting

April 27, 2017

10:15 a.m. or immediately following the Administration and Finance Committee Meeting

Alameda County Administration Building
1221 Oak Street, 2nd Floor, Room 220E
Oakland, California

NOTICE: All meetings of the Alameda County Lead Poisoning Prevention Program Joint Powers Authority Board of Directors are open to the public. Those wishing to address the Board of Directors on items not on the agenda may do so during the open forum section of the meeting.

- 1) **Open Forum** (Discussion)
Directors, alternates, staff, or members of the public may address the Board of Directors regarding items not on the agenda. The Board will listen to matters presented but may not take action on these items.
- 2) **Director's Report** (Discussion)
- 3) **Assembly Bill 1316: Public Health
Childhood Lead Poisoning: Prevention** (Action) Pg. 1
- 4) **Senate Bill 377: Lead Based Paint** (Action) Pg. 2
- 5) **Assembly Bill 391: Medi-Cal
Asthma Preventative Services** (Action) Pg. 4
- 6) **Approval of Minutes (March 23, 2017)** (Action) Pg. 6
- 7) **Program Operations Committee**
 - a) **Minutes (March 23, 2017)** (Information) Pg. 8
- 8) **Administration and Finance Committee**
 - a) **Minutes (March 23, 2017)** (Information) Pg. 10
- 9) **Announcements by Board Directors** (Information)

Material related to an item on this Agenda, including those submitted to the Board of Directors after distribution of the agenda packet are available for public inspection at the Alameda County Healthy Homes Department office during normal business hours.

Agendas are available on the Department's website at www.achhd.org



BACKGROUND

Requires all children to have their blood lead levels (BLL) screened.

EXISTING LAW

The California Department of Public Health (CDPH) administers the Childhood Lead Poisoning Prevention Program. Under the program, CDPH requires all pediatricians to screen all children for lead risk between the ages of 6-months and 72-months, and requires all children on low-income government assistance programs and children who spend a majority of their time in pre-1978 buildings to have their blood tested.

PROBLEM

Since the 1970s, federal and state policies banning the use of lead in gasoline and paint have resulted in drastic reductions in childhood lead exposure. However, legacy lead – in paint, plumbing, contaminated soil, water sources – means that children are still exposed to this toxic metal. Given the ages of California's infrastructure, lead exposure risks are ubiquitous.

There is no safe exposure to lead. Lead has multiple toxic effects on the human body. Decreased intelligence and physical developmental challenges in children are among the more serious non-carcinogenic effects. Even a slight elevation in BLL can reduce IQ and stunt development. The Centers for Disease Control and Prevention (CDC) estimates that 2.5 percent of small children have elevated levels nationwide.

The CDC states that almost all U.S. children are at risk for lead poisoning and that, unless communities can prove lead poisoning is not a risk, "our goal is that all children should be screened."

According to CDPH, BLL test results are reported annually for approximately 650,000 children statewide. That is only 20% of the more than 3 million children ages 0-5 living in California. Therefore, there may be children with lead exposure who are not being screened, and consequently not receiving public health services to address or abate their exposure.

SOLUTION

AB 1316 will require all children to have their BLL screened to ensure that children with elevated BLLs receive the health care services needed to reduce exposure. The bill will also enable the state to make better data-driven decisions when it comes to implementing lead abatement, exposure prevention, and remediation policies.

SUPPORT

Center for Environmental Health
Consumer Attorneys of California
Environmental Working Group
Physicians for Social Responsibility, San Francisco Bay Area Chapter

FOR MORE INFORMATION

Paige Brokaw
Assembly Environmental Safety & Toxic Materials Committee
(916) 319-3965
paige.brokaw@asm.ca.gov



SB 377 (Monning) Lead Safe Work Practices

Lead-based Paint and Health

Lead is harmful to children and adults, though children under the age of six years old are most vulnerable to lead poisoning. Lead can affect children's developing brains and nervous systems, causing reduced IQ, learning disabilities, and behavioral problems with impacts lasting into adulthood. Lead poisoning in adults can cause high blood pressure and reproductive harm. Lead poisoning is the number one environmental cause of miscarriages and birth defects and is on the State of California's Prop 65 List of toxic chemicals.

There is not a blood-lead level (BLL) considered safe, yet lead poisoning has remained a persistent health problem in California. In 2012, the state had the fourth largest number of confirmed BLLs above 10 µg/dL in the US, accounting for more than 7% of the US total. Overall, California has nearly 33,000 children with blood lead levels ≥ 5 µg/dL.

An estimated 6.5 million homes in California are suspected to have lead hazards. Low-income communities of color are exposed to lead at higher rates due to lack of access to affordable housing in good repair. In Los Angeles County, for example, 85% of elevated blood-lead levels in children under six years of age are Latinos. Workers doing painting, remodeling and repair are also at high risk of exposure to lead in homes as well as their families because dust contaminated with lead may be tracked in homes from work clothes and shoes.

The best way to reduce the risk of unwanted health impacts is to actively take precautions to avoid exposure to dust created during routine

maintenance, renovation, repair and painting of homes build before 1978, which, for example, account for 80% of the housing in Los Angeles.

Existing Laws

California has been a leader in its efforts to eliminate lead poisoning. SB 460 (Ortiz - 2002) defines damaged paint as a housing code violation in all pre-1978 housing units and child occupied facilities and requires lead safe work practices (LSWP) be used on any work that disturbs lead-paint. The legislature followed that with SB 2861 (Ridley-Thomas - 2006) which makes a second or subsequent violation of the state's lead laws a misdemeanor punishable by maximum fine of \$5000 and/or up to six months in jail or each subsequent violation.

The federal government established regulations for lead in homes in 2010 through the U.S. Environmental Protection Agency's (EPA's) Renovation, Repair, and Painting Program Rules (RRP). RRP defines LSWP and requires all renovators and contractors who work on pre-1978 buildings to be certified. To be certified, the renovator or contractor must take an eight-hour training course on LSWP by an accredited training provider and register their firm with the EPA.

The Problem

While California's lead laws and the federal RRP complement each other in many ways, subtle differences and inconsistencies between the two make the regulatory framework on lead in buildings confusing. In some cases, there are practices that are allowed under the RRP that are not allowed in California. Renovators and contractors have to learn one set of rules to

comply with federal law and another set of rules to comply with California law, but are left to figure how to deal with the inconsistencies on their own. As a result of this confusion, it is very easy for a renovator or contractor to unintentionally violate either California or federal lead laws.

In addition to regulatory confusion, there is very little enforcement of the federal RRP regulations. Currently, RRP is enforced only by the US EPA, which has 1.5 FTE for Region 9 -a 4 state region that includes California. As a result, firms that don't play by the rules get an unfair advantage over those that do because there is little risk of getting caught for non-compliance.

The Solution

To eliminate regulatory confusion, California can do what fourteen other states have already done and align state and federal lead laws. The US EPA has been supportive of states taking ownership of RRP. Incorporating RRP into state law would not only remove current inconsistencies and confusion from the current regulatory landscape, but would create several additional benefits, including:

- Allowing state and local agencies to enforce RRP regulations. Since state and local

enforcement agencies already enforce California's lead laws, the infrastructure, expertise, and capacity is in place to improve enforcement of RRP. Improved enforcement will help reduce exposure to lead in workers and prevent many more cases of childhood lead poisoning.

- Establishing funding streams to support increased state and local responsibilities. When states adopt RRP, they can then administer the certification program and collect associated fees currently being done and collected by the EPA. This would not create a new fee on industry. Instead, existing fee would be paid to California's Childhood Lead Poisoning Prevention Branch instead of the US Treasury and can be used to pay for the state's increased duties.

Overall, SB 377 does not create any new regulations or fees. Instead, it conforms federal and state regulations to minimize regulatory confusion and leverages the state's robust enforcement system for improved enforcement of existing laws while using existing fees to cover costs associated with increased state responsibilities.

Support

California Association of Code Enforcement Officers (Sponsor)
Healthy Homes Collaborative (Sponsor)



AB 391 (Chiu) – Medi-Cal: Asthma Preventive Services Preventing Asthma Hospitalizations and Emergency Department Visits

Fact Sheet

Summary

AB 391 will increase access for Medi-Cal beneficiaries to asthma education and home environmental asthma trigger assessments which have been shown to reduce health care utilization and costs, eliminate health disparities and improve health outcomes.

Background

Asthma is a significant public health problem and driver of health care costs. Over 5 million Californians have been diagnosed with asthmaⁱ -- about 1 in 7 state residents. Asthma places a substantial financial burden on the state. Total charges for asthma hospitalizations in California in 2010 were over \$1 billion, including \$155.6 million for repeat hospitalizations.ⁱⁱ

Asthma is of particular concern for low-income Californians enrolled in Medi-Cal. Low-income populations, like the nearly two million Medi-Cal beneficiaries who have been diagnosed with asthma at some point in their lives,ⁱⁱⁱ have higher asthma severity, poorer asthma control, and higher rates of asthma emergency department visits and hospitalizations.^{iv} In 2010, Medi-Cal beneficiaries represented 50% of asthma hospitalizations and 42% of asthma emergency department visits, even though they represented only 30% of Californians.^v

There are also significant asthma disparities by race, ethnicity and age. For example, Blacks have thirty percent higher asthma prevalence,^{vi} four times higher asthma emergency department visit and hospitalization rates, and two times higher asthma death rates than Whites.^{vii} Asthma prevalence among American Indian/Alaska Native (AI/AN) adults is more than forty percent higher than among White adults.^{viii} Hispanics have comparatively low asthma prevalence overall, but asthma hospitalization and ED visit rates are higher in Hispanics than Whites, especially among children.^{ix}

Problem

National clinical guidelines indicate that effective asthma management requires a combination of four vital components: clinical assessment of severity and control, medication, patient education, and control of environmental triggers.^x Properly managed, people with asthma can lead normal, productive lives.

Unfortunately California's Medi-Cal beneficiaries with asthma lack sufficient access to two of the four vital components of asthma management—patient education and environmental control measures – which research shows improve health outcomes at a reasonable cost. Innovative and tested programs providing patient education and environmental control measure interventions have been shown to provide a positive return on investment by reducing high cost medical services such as emergency room visits and hospitalizations,^{xi} however, these programs have not been widely adopted.

Solution

California should better deliver care for Medi-Cal beneficiaries with asthma by adopting policies to expand access to cost-effective preventive care, specifically patient education and environmental control measures.

The federal Medicaid program permits states to support prevention, health education, and counseling services regardless of where the services are delivered,^{xii} including at a medical office, the patient's home, or a community-based setting such as a school or child care center. Effective January 1, 2014, a federal Medicaid regulation known as the Preventive Services Rule allows state Medicaid programs to reimburse for preventive services that are recommended by a physician and provided by non-licensed professionals, such as community health workers.^{xiii} This new reimbursement mechanism will make it easier to expand access to these services.

AB 391 authorizes the Department of Health Care Services (DHCS) to develop and submit a state plan amendment to permit Medi-Cal fee-for-service to cover and pay for certain asthma services carried out by a range of qualified professionals. Specifically, the legislation directs DHCS to cover asthma education and home environmental asthma trigger assessment services provided by qualified professionals that may fall outside of the state's clinical licensure system as long as the services have been initially recommended by a licensed practitioner.

Increasing access to asthma education and home environmental asthma trigger assessments will help fulfill California's Quadruple Aim goal of strengthening the quality of care, improving health outcomes, reducing health care costs and advancing health equity.

Contact

Joel Ervice, Regional Asthma Management and Prevention, joel@rampasthma.org, 510-285-5711

Gail Yen, Children Now, gyen@ChildrenNow.org, 510-763-2444 x124

Kimberly Chen, California Pan-Ethnic Health Network, kchen@cpehn.org, 916-447-1299

ⁱ Milet M. *Asthma Prevalence in California: A Surveillance Report*. Richmond, CA: California Department of Public Health, Environmental Health Investigations Branch, January 2017.

ⁱⁱ Milet M, Lutzker L, Flattery J. *Asthma in California: A Surveillance Report*. Richmond, CA: California Department of Public Health, Environmental Health Investigations Branch, May 2013.

ⁱⁱⁱ California Health Interview Survey data. 2015. UCLA Center for Health Policy Research. <http://ask.chis.ucla.edu/main/default.asp>. Accessed February 21, 2017.

^{iv} Milet M, *supra* note ii.

^v Calculated using data from Milet M, *supra* note ii, pp. 109, 121, 143.

^{vi} Milet M, *supra* note i.

^{vii} Milet M, *supra* note ii.

^{viii} Milet M, *supra* note i.

^{ix} Milet M, *supra* note ii.

^x For more information about the national Guidelines for the Diagnosis and Management of Asthma: <http://www.nhlbi.nih.gov/health-pro/resources/lung/naci/asthma-info/asthma-guidelines.htm>

^{xi} For example, a study in Seattle providing asthma patients with asthma education, including in-home environmental assessments and behavior change support, resulted in a 45% decrease in urgent care use and a 10% decrease in a reduction of asthma symptoms. (The Seattle-King County Healthy Homes Project. "A Randomized, Controlled Trial of a Community Health Worker Intervention to Decrease Exposures to Indoor Asthma Triggers," *American Journal of Public Health* 2005; 95(4): 652-658.) A similar program in Boston resulted in decreases of patient missed school days, hospitalizations, and parent missed work. The study showed that for every dollar invested in the program, \$1.46 was saved due to reduced emergency department visits and hospitalizations. (Woods E, et al. "Community Asthma Initiative Evaluation of a Quality Improvement Program for Comprehensive Asthma Care," *Pediatrics*. 2012. 129(3)465-472.)

^{xii} 1905(a)(13) of the Social Security Act.

^{xiii} "Update on Preventive Services Initiatives," CMCS Informational Bulletin, Centers for Medicare and Medicaid Services. November 27, 2013. Accessed February 2017. <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-11-27-2013-Prevention.pdf>

ALAMEDA COUNTY LEAD POISONING PREVENTION PROGRAM

**JOINT POWERS AUTHORITY
MEETING MINUTES**

March 23, 2017

Attendance:

Voting Directors: Desley Brooks, Oakland; Susan Wengraf, Berkeley; Mary Hastume Vella, Alameda; John J. Bauters, Emeryville

Non-Voting Directors: Gwen Hardy, Community Representative

Alternates:

Staff: Larry Brooks, Lidice De La Fuente

Others:

Absent: Wilma Chan, County of Alameda

The meeting was called to order by John J. Bauters at 10:15 A.M.

1) **Open Forum**

2) **Director's Report**

Mr. Brooks informed the Board of California Assembly Bill 391: Medi-Cal Asthma Preventative Services, authored by Assembly member David Chiu, District 17 and sponsored by the Regional Asthma Management & Prevention, California Pan Ethnic Health Network and Children Now. AB 391 will increase access for Medi-Cal beneficiaries to asthma education and home environmental asthma trigger assessments by enabling California Department of Health Care Services to cover these services provided by qualified professionals that fall outside of the state's clinical licensure system as long as the services have been initially recommended by a licensed practitioner. The bill would potentially provide a funding stream for the Department to continue to conduct asthma assessments and interventions.

Furthermore, on March 17, 2017, Larry Brooks phone conferenced with The Kresge Foundation to discuss their Healthy Housing and Neighborhoods Initiative that focuses on housing as an anchor for healthy community development. Currently, the California Healthy Homes Coalition (CHHC) is collaborating with other stakeholders including the Health Homes Department to flesh out the proposal which is due March 23, 2017. It's expected that funds for this project will support some local planning processes to the implement project. The Department serves on the CHHC Steering Committee and will provide input on the best way to engage healthy housing and other public health stakeholders into the planning processes.

Larry Brooks participated in the National League of Cities Healthy Homes Webinar on March 22, 2017 on the topic of partnering to address asthma issues. The Department was asked to present since it's considered a model program that partners with multiple agencies in an effort to address asthma issues with optimism that other cities will replicate.

3) **Approval of Minutes (February 23, 2017)**

Action: The Board approved the meeting minutes for the February 23, 2017 Board meeting.

Moved: Susan Wengraf **Seconded:** Desley Brooks **Ayes:** 4

4) **Program Operations Committee**

a) **Minutes (February 23, 2017)**

There were no questions or comments on the meeting minutes.

5) **Administration and Finance Committee**

a) **Minutes (February 23, 2017)**

There were no questions or comments on the meeting minutes.

6) **Announcements by Board Directors**

Director John J. Bauters requested fact sheets, letter of support templates and placing legislative bills AB 1316, AB 391 and SB 377 as action items for the April 27, 2017 meeting in the event that the JPA Lead Board is authorized to take action on policy issues.

Director Gwen Hardy introduced a certificate of appreciation to former Healthy Homes Director and Secretary to the Board, Maricela Foster. Director Bauters thanked Director Hardy for the certificate and Director Brooks and Wengraf for arranging to send flowers on behalf of the JPA Board.

Mr. Brooks reminded Directors that due to "Bring Your Child to Work Day" event on April 27, 2017, the next JPA meeting will be held on the 2nd floor in room 220E.

Meeting adjourned at 10:24 A.M.

PROGRAM OPERATIONS COMMITTEE
MEETING MINUTES

March 23, 2017

Attendance:

Voting Directors: Desley Brooks, Oakland; Susan Wengraf, Berkeley; Mary Hastume Vella, Alameda; John J. Bauters, Emeryville

Non-Voting Directors: Gwen Hardy, Community Representative

Alternates:

Staff: Larry Brooks, Lidice De La Fuente

Others:

Absent: Wilma Chan, County of Alameda

Director John J. Bauters chaired the meeting at 9:25 A.M.

1) **Open Forum**

2) **Director's Report**

Larry Brooks, announced he will serve as the Interim Board Secretary and Interim Healthy Homes Department Director until a new Director is selected by the County of Alameda Civil Service. Mr. Brooks expressed his gratitude towards his mentor, former Healthy Homes Department and Board Secretary, Maricela Foster, who will retire March 31, 2017.

Mr. Brooks informed the Board of California Assembly Bill 1316, Childhood Lead Poisoning Prevention introduced by Assemblyman Bill Quirk requiring universal blood lead testing. AB 1316 has no appropriations and will be heard on April 4, 2017 in the Assembly Environmental Safety and Toxic Materials Committee. Director Susan Wengraf stated AB 1316 will be heard at the Berkeley City Council on March 28, 2017. In addition, California Senate Bill 377, Lead Based Paint introduced by Senator Bill Monning will require all contractors to be U.S. Environmental Protection Agency's Lead Renovation, Repair and Painting Rule (RRP) certified. Appropriations for SB 377 will derive from fees from the California Contractor's Board, however, start-up funding is still unclear; SB 377 will be heard on April 5, 2017 in the Senator Environmental Quality Committee. Mr. Brooks stated that both legislative bills are supported by the Alameda County Board of Supervisors. Board Directors were shown news video clips pertaining to AB 1316 on local channels KRON 4 and an interview with Director Bauters regarding Emeryville's proposed RRP Ordinance on local KTVU Channel 2.

Mr. Brooks stated that the Berkeley Community Environmental Advisory Commission (CEAC) has recommended a lead enforcement program, which the ACHHD staff was allowed to review and comment on their draft report. ACHHD staff shared the City of Emeryville's ordinance as the Department's recommendation for addressing some of the commission's concerns. The Commission's recommendation is expected to be presented to the Berkeley City Council on April 25, 2017.

Furthermore, at the request of Director Bauters Mr. Brooks and Dale Hagen, Healthy Housing Director presented to the Emeryville City Council on the Department programs and services on March 7, 2017 at which time Director Bauters introduced the Renovate Repair Paint Rule Ordinance that will be considered for adoption by their City Council on April 18, 2017. Director Bauters thanked both Mr. Books and Mr. Hagen. Director Bauters indicated that EPA

was invited to present to Emeryville City Council in support of the RRP ordinance, however, he is still awaiting a response.

Mr. Brooks thanked Director Bauters for alerting the Department staff about Reuters intention to publish a major story about lead safety and elevated blood lead levels in California based on new data from the California Department of Public Health at which time he expressed his concerns with how the last story they ran left many residents concerned of lead-in-water particularly in Oakland's Fruitvale District. Mr. Brooks noted that Reuters released their story on March 22, 2017.

Mr. Brooks informed the Board of the outreach initiatives conducted in the past few weeks indicating that staff continues to promote the Lead Hazard Control grants, RRP Trainings and other Department services. Recently, the Department staff worked with City of Oakland staff, Sheila Stoglin, Tax Enforcement Officer at Oakland's Business License unit and gave posters and flyers to post in city office buildings and Head Starts in Oakland. Also, the Department staff worked with the City of Alameda's Public Information Officer, Sarah Henry, to promote the RRP trainings, the Lead Hazard Control grants and other Department services by linking up to the Department's Facebook webpage and website. Other upcoming initiatives are working with libraries and holding workshops at the Department office for interested Lead Hazard Control grant applicants. Mr. Brooks stated he met with a representative from CBS television station to discuss a public service announcement with focus on getting kids tested; RRP / Lead Safe Work Practices; and promotion of grant funds. Mr. Brooks stated that the Department is currently looking for sponsors to cover approximately \$5,000 for production costs.

3) **Outreach and Education Monthly Report**

Assistant to the Director, Lidice De La Fuente provided highlights for the month of February noting that 107 Healthy Home Assessments were conducted. The Department staff also conducted eight presentations on the topics of lead poisoning prevention and healthy homes at La Clinica de la Raza; Oakland Unified School District; St. Jarlath's Community Mtg.; Oakland City Council District 3, and Local Organization Committee Monthly Mtg. In February staff distributed posters and flyers at 40 paint stores and hardware stores throughout Alameda County. This outreach activity resulted in the Department receiving numerous calls and 55 pre-applications for participation in the Lead Hazard Control Program. Director Bauters asked to verify the number for the public outreach section which seemed lower than the previous month.

4) **Announcements by Board Directors**

Director Desley Brooks announced School's Out Resource Fair event at Arroyo Viejo in Oakland on April 15, 2017.

Meeting adjourned at 10:00 A.M.

ADMINISTRATION AND FINANCE COMMITTEE
MEETING MINUTES

March 23, 2017

Attendance:

Voting Directors: Desley Brooks, Oakland; Susan Wengraf, Berkeley; Mary Hastume Vella, Alameda; John J. Bauters, Emeryville

Non-Voting Directors: Gwen Hardy, Community Representative

Alternates:

Staff: Larry Brooks, Lidice De La Fuente

Others:

Absent: Wilma Chan, County of Alameda

The meeting was called to order by John J. Bauters at 10:00 A.M.

1) **Open Forum**

2) **Director's Report**

Mr. Brooks informed Directors that President's Trump proposed "Skinny Budget", could place pressure on HUD's ability to reduce child lead poisoning due to hiring freezes cuts to EPA and the elimination of Community Development Block Grants (CDBG). Currently, the Department administers part of CDBG for Minor Home Repair programs in the cities of Oakland, Fremont, Union City which could be affected. Director Desley Brooks asked the Board to consider taking positions as the JPA Lead Board to advance issues in addition to carrying it to their respective cities. Director Bauters requested the Department staff consult with Alameda County Counsel on the JPA Board's authority to take action on policy related matters.

Moreover, Mr. Brooks stated that the Department staff is looking into applying for the U.S. Center for Disease Control and Prevention (CDC) National Center for Environmental Health Funding Opportunity grants of up to \$35 million for 3-year cooperative agreements on childhood lead poisoning prevention. Funding is for non-research activities to strengthen blood lead level testing, surveillance, population-based interventions, and processes to identify lead-exposed children and linkage to services. Proposals are due April 20, 2017.

Mr. Brooks stated that the Department staff is exploring ways to reduce office lease expenses and has rented out temporary space to the Alameda County Health Care Services Whole Person Care unit. The Health Care for the Homeless unit has also expressed interest in renting out space which the Department staff is considering due to the connection in working together on the Department's Group Living Facilities Project. Additionally, Mr. Brooks indicated that the Department is conducting a feasibility study on moving the Department to a County owned facility noting that a space had opened up in the city of Hayward. Both Directors Desley Brooks and Gwen Hardy expressed their opposition to the Department moving to Hayward. Director Hardy expressed that the move would affect clients' access to Department services. Director Bauters thanked Director Hardy for voicing her concerns to the move to Hayward and for representing the community.

3) **Announcements by Board Directors**

There were no announcements by Board Directors.

Meeting adjourned at 10:14 A.M.