

**FLINT WATER INTERAGENCY COORDINATING COMMITTEE  
RECOMMENDATIONS IN RESPONSE TO  
FLINT WATER ADVISORY TASK FORCE RECOMMENDATIONS  
26 August 2016**

**COMMUNICATIONS SUBCOMMITTEE**

*FWATF R-33. Sustainably fund the Flint Water Inter-Agency Coordinating Committee (FWICC) to provide adequate resources to engage supporting sub-committees for delivery of public health and water system services.*

**FWICC Response for R-33**

The Communications Subcommittee agrees with the recommendation that adequate funding (resources) be in place to support the work recommended by the various FWICC subcommittees to be forwarded and implemented.

## FWICC RESPONSES TO FWATF RECOMMENDATIONS

*FWATF R-34. Clarify and effectively communicate the roles, work and expected outcomes of the City of Flint, FWICC and Mission Flint.*

### FWICC Response for R-34

	<b>City of Flint</b>	<b>FWICC</b>	<b>Mission Flint</b>
<b>Role</b>	The people of the City of Flint have reaffirmed faith in fundamental human rights and in the equal rights of men and women. They have determined to promote social progress and to guarantee that City government serves the citizenry. The people of Flint have mandated that the City shall provide for public peace and health and for the safety of persons and property in the City; and they require that City officers promote respect for these rights and freedoms.	To guide and synchronize the remediation of the Flint water crisis, support a sustainable Flint recovery, and prevent another public water supply crisis in Michigan.	To address the impact from the water crisis and sustain a quality of life found in vibrant communities, empowered by educational economic, and cultural opportunities for Flint residents.
<b>Work</b>	City officers shall pledge themselves to assure residents decent housing; job opportunities; clean air, clean water and waterways and a sanitary city; health care; convenient public transportation; recreational activities and facilities; and cultural enrichment.	Make recommendations to: -Fix public water supply & infrastructure. -Provide health and human services. -Support educational opportunities and & early childhood development -Develop a model for statewide implementation	Execute Actions to: -Fix public water supply and infrastructure. -Provide health and human services. -Support educational opportunities and & early childhood development -Foster employment and economic development
<b>Expected Outcomes</b>	Flint residents - adults, children and seniors - will enjoy a high-quality of life, including, but not limited to, walkable communities, public peace, clean air, clean water and water ways, health care, convenient public transportation, recreational activities and facilities, and cultural enrichment.	Flint is poised for a prosperous sustained recovery, people affected are identified with their health and wellness needs addressed, Flint's water system is drinkable and usable and a model is developed for statewide implementation.	Flint has an improved quality of life.

# **FWICC RESPONSES TO FWATF RECOMMENDATIONS**

## **WATER QUALITY SUBCOMMITTEE**

*FWATF R-1. Implement a proactive, comprehensive cultural change program within MDEQ, specifically its ODWMA, to refocus the department on its primary mission to protect human health and the environment. MDEQ should aspire to become a national leader through a proactive program designed to detect and address contaminants in public water supplies in a timely manner.*

### **FWICC Response for R-1**

Agree with FWATF recommendation. The Water Quality Subcommittee believes this is primarily an internal MDEQ management responsibility. The MDEQ does aspire to be a national leader in public health and environmental protection.

For cultural change to occur, new MDEQ leaders are needed who will communicate the urgent need for staff to be proactive in responding to public health issues. As a result of the events in Flint, the MDEQ now has new leadership in place at the department director level, and will soon have a new chief deputy director and ODWMA division chief. This new leadership will articulate the need for staff to identify and address public health concerns, even beyond the minimum requirements of the SDWA. Previous State of Michigan Employee Engagement survey results indicated that the ODWMA staff had strong alignment with the division and department leadership, and the vision and values articulated by that leadership. Hence, the importance of a change in MDEQ leadership to begin the cultural change process.

Several members of the Subcommittee believed that a stronger alignment of the drinking water program with public health agencies was necessary to achieve the desired cultural change. The MDEQ agrees that a stronger alignment with public health is necessary and that all avenues should be explored to accomplish this. A recently executed Memorandum of Understanding (MOU) between the MDEQ and the MDHHS is an initial step. The MOU calls for routine communication and data-sharing regarding drinking water-related public health issues.

Finally, while cultural change requires the leadership of department and division managers as described above, mid-level managers and staff also must be engaged in the cultural change process for it to be successful. Toward that end, training on the LCR has already commenced for drinking water staff, and that training has included lessons learned in Flint. It has also included a discussion on staff responsibilities to look beyond the minimum requirements of the SDWA. More training sessions are planned for staff in concert with the training proposed in response to FWATF Recommendation #2.

## **FWICC RESPONSES TO FWATF RECOMMENDATIONS**

*FWATF R-5. Participate in EPA's ongoing review and revision of the LCR, conveying lessons learned from the Flint water crisis.*

### **FWICC Response for R-5**

The Water Quality Subcommittee believes the Policy Subcommittee should be the lead for this recommendation since it is also the lead for developing the revised Michigan LCR. The Water Quality Subcommittee would like to review and comment on any draft legislation. MDEQ drinking water staff should continue to serve as the lead for EPA initiatives relative to the LCR since they are the Primacy Agency. The Policy Subcommittee agrees with FWATF recommendation. In addition to the Governor's efforts to push the EPA to consider Michigan's model LCR proposal, the FWICC should send a letter to the EPA urging specific action.

Letter approved by FWICC on 6/24/2016 and transmitted.

## **WATER INFRASTRUCTURE SUBCOMMITTEE**

*FWATF R-2. Establish an apprenticeship/certification program for MDEQ ODWMA employees that requires direct, hands-on experience with public water system operations. MDEQ ODWMA employees responsible for water system regulation and SDWA enforcement should be, or have access to, certified operators and subject matter experts (including, for example, those at EPA).*

### **FWICC Response for R-2**

Agree with FWATF recommendation. The Water Infrastructure Subcommittee believes this function is primarily an internal MDEQ management responsibility. The Subcommittee did not completely agree that the phrase "apprenticeship/certification program" accurately captured what was needed for MDEQ staff; however, it was acknowledged that more opportunities for onsite operational experience and the subsequent exchange of information between water operators and department staff would be mutually beneficial.

The MDEQ plan to strengthen the existing bonds between the water operators and ODWMA staff will address the following elements:

1. Knowledge of source water quality (watershed protection, sanitary surveys) and contaminants of public health concern.
2. The design and theoretical process development of treatment and distribution systems.
3. Hands-on experience at water treatment plants and distribution systems.
4. The regulatory requirements for drinking water delivered to the consumer.

The first two elements of obtaining knowledge of source water quality and of design/process development of treatment and distribution systems will be addressed with assistance from professionals experienced in these disciplines. Courses offered by universities and colleges such as MSU, University of Michigan, University of Wisconsin-Madison, Delta College, Bay de Noc College, etc., will continue to be utilized to train ODWMA staff. ODWMA will also continue to provide opportunities for staff training from

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renowned subject matter experts such as Dr. Gary Logsdon, Dr. David Cornwell, Dr. Vern Snoeyink, etc., on specific topics such as filtration, coagulation, water chemistry, corrosion control, treatment plant operation, etc.

For the third element of hands-on experience, training plans will be developed for ODWMA employees that incorporate onsite experiences at water treatment and distribution systems. For this effort, Michigan water systems identified as having excellent operations will be asked to provide opportunities for ODWMA staff to “job-shadow” their operators and even participate in daily tasks. This training program will allow ODWMA staff to gain greater understanding of real-world operational situations, such as dosage calculations, backwashing filters, flushing hydrants, handling customer complaints, etc. It will also allow for the building of a relationship between ODWMA staff and water operators during a time when their interaction is not strictly one of regulatory oversight.

The fourth element of instructing staff on regulatory requirements will be handled by experienced state and federal employees that have become experts in the various regulations. ODWMA will also develop a mentoring system that identifies experienced staff members with expertise in specific subject matters and assigns them to mentor newer employees. ODWMA Rule Managers and Treatment and Distribution System Specialists are likely candidates for the role of mentors. ODWMA will also identify experienced staff to be mentors for new employees. These mentors will provide training, answer job-related questions or direct the new employee to the proper subject matter expert. In doing so, ODWMA will develop a systematic process that ensures the “passing down” of institutional knowledge from the proficient, skilled and practiced staff to the newer and less experienced employees to maintain that knowledge base.

ODWMA will also work with the Michigan Section of AWWA and their councils and committees that address the four professional disciplines listed above to foster relationships between the ODWMA and the Michigan waterworks industry to provide further collaboration and training that is mutually beneficial to both parties.

### ***FWATF R-41. Develop a model LSL replacement program and funding mechanisms for financing work on private property.***

#### **FWICC Response for R-41**

The Water Infrastructure Subcommittee agrees the recommendation. The Water Infrastructure Subcommittee should continue to be the lead; however, input from the Policy Subcommittee and FWICC as a whole is needed, as there are jurisdictional, legislative and funding issues that must be addressed to accomplish this recommendation.

To start the discussion regarding the essential elements of a model program, the Subcommittee was provided with the Request for Proposals for the City’s FAST Start Initiative for review and comment. The following are items identified by the Subcommittee that a model program should include:

1. Pre-construction communication plan with the community as a whole, and with residents in the affected area, including recommendations for providing safe drinking water during construction.

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- a. Residents in the affected area should be contacted before, during, and after construction, and made aware of anticipated possible water quality upsets.
  - b. Recommend that local health departments be engaged to support and augment communication.
  - c. Those employed to perform this work should be trained in the communication program and understand their roles in that communication. Encourage the use of community members to assist with these communications whenever possible.
2. Assure adequate distribution system valve control in the area before commencing service line construction. Anticipate breaks and loss of pressure. Develop an emergency flushing and sampling plan for each area.
3. Pre-construction and post-construction water sampling plan.
  - a. Several studies and programs have employed “sequential sampling” to provide information from different parts of the home plumbing from the tap to the service line. Sequential sampling should be considered in developing the sampling plan. The plan should also require the removal of aerators so particulate lead that may be dislodged during the high-velocity flushing will be captured in the sample.
4. Post-construction water flushing plan, which includes flushing of the service line as well as internal plumbing. Care should be taken to first achieve maximum velocity by using the outside hose bibs to remove as much particulate lead as possible. In this way, very little lead is pulled into the home. The next step then would be to do a second flushing utilizing the inside fixtures to achieve maximum velocities. Aerators should be removed prior to this flushing.
  - a. A recent article suggests that a flushing protocol that requires all of the household taps be opened simultaneously is more effective than merely opening the outdoor hose bibs. (Brown, Richard A and David Cornwell, Journal AWWA, March 2015). Drains should be monitored during this process to ensure they do not flood. This article should be reference by the flushing team as it may provide site-specific hints and tips that do the most good.
5. Provisions to evaluate alternate service line remediation or installation methods and materials.
6. Coordination of service line replacement with water main replacement and other infrastructure projects and entities. Participate in short-term and long-term planning sessions with all buried utility agencies, and with local, county and state road commissions and departments.
7. Prioritize LSL replacement where water main replacements are planned and where known adverse impacts of lead exposure exists, such as where residents have received high blood lead level results and/or are part of an at-risk population. Examples would be (1) women who are of child-bearing age, are pregnant, or considering pregnancy, (2) infants and toddlers and (3) schools and daycares.
8. Streamline permit processes and minimize fees.
9. Database should be provided to house pre-construction and post-construction information supplied by the contractor, such as the original service material(s), description of work performed, measurements and GPS coordinates. A notes field should be included that shows special conditions regarding the entry point to the building and connection details. Document the use of Lead-Free Act components.
10. Require that only complete service replacements be allowed. Need legislation to ban partial service line replacements to completely accomplish this. This recommendation crosses jurisdictional lines between a local utility and private

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plumbing. Need to coordinate/streamline the funding, licensing, permitting and construction of these projects. Incomplete or split funding for line replacements would lead to different approaches.

*FWATF R-43. Use the occasion of the Flint water crisis to prompt local and state re-investment in critical water infrastructure, while providing mechanisms to advance affordability and universal access to water services.*

### **FWICC Response for R-43**

The Water Infrastructure Subcommittee agrees with the recommendation. To address this, a Water Infrastructure Summit in Flint is being planned for the spring of 2017 to include such topics as providing right-sized and flexible water infrastructure to meet the changing needs of communities, particularly those with declining populations, and incorporating innovative and emerging technologies to solve these complex infrastructure issues. This Summit is connected with the broader initiatives of the Governor's 21<sup>st</sup> Century Infrastructure Commission to identify long-term, sustainable, affordable strategies for Michigan's infrastructure needs.

## **KWA SUBCOMMITTEE**

*FWATF R-4. Participate in the Flint Water Inter-Agency Coordinating Committee's (FWICC's) work team established to oversee conversion from DWSD-supplied to KWA-delivered water. MDEQ should draw from that work to revise its policies and procedures for approval of water treatment and distribution system operating regimens, particularly when source water changes are contemplated.*

### **FWICC Response for R-4**

Treasury and the DEQ continue to work on the necessary infrastructure to connect the City of Flint water treatment facilities to the KWA water system. The DEQ has established treatability study requirements for KWA raw water which are in accordance with the November 3, 2015 US EPA memorandum "Lead and Copper Rule Requirements for Optimal Corrosion Control Treatment for Large Drinking Water Systems". The DEQ will work with systems that plan to change water sources, change treatment that impacts corrosion control, or disconnect from a supplier that had achieved Optimal Corrosion Control Treatment (OCCT) to establish OCCT and appropriate Water Quality Parameters for the new source and/or treatment prior to providing it to the public for drinking water. The DEQ has established a team of engineers specifically to address these issues for Flint and the conversion from GLWA-supplied water to KWA-supplied water.

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*FWATF R-39. Conduct an investigative review of the development and approval of the Karegnondi Water Authority (KWA) and of the City of Flint's commitments to KWA water purchases.*

### **FWICC Response for R-39**

The KWA Subcommittee is focused on the examination of water rates and the necessary assistance to ensure a quality water supply for the City of Flint and did complete an investigation to the City's current commitment to KWA. Any other action is outside the scope and authority of FWICC.

## **POLICY SUBCOMMITTEE**

*FWATF R-3. Strengthen SDWA enforcement, most notably for the LCR. The state has the ability to strengthen its own enforcement of the SDWA and not wait for action to occur at the federal level.*

### **FWICC Response for R-3**

Agree with FWATF recommendation. The FWICC Policy Subcommittee's approved model LCR proposal significantly strengthens Michigan's ability to properly monitor and enforce lead and copper standards. A similar review of other SDWA enforcement protocols, outside of the LCR, would be of value.

*FWATF R-19. Review budget requests for MDEQ to ensure adequate funding is provided to the ODWMA. EPA audit and interviews indicate that Michigan's drinking water program might have one of the lowest levels of financial support within EPA Region V while having one of the largest, if not the largest, number of community water systems to regulate.*

### **FWICC Responses for R-19**

The Policy Subcommittee agrees with the recommendation. The Policy Subcommittee has reviewed the funding history and staffing levels for the ODWMA with the MDEQ. There was a reduction in staffing from 97 FTEs in FY2010 to 85 FTEs in FY2016. See attached summary. This reduction has resulted in the drinking water program being unable to conduct the required number of water system activities, such as on-site evaluations, as noted by the State of Michigan Auditor General. As such, the approved budget for 2017 provides for \$1.5 million in additional funding for approximately 10 additional staff. It is believed that this additional funding will provide adequate staffing for the current work associated with implementing the SDWA.

It is very difficult to compare Michigan's workload, funding, and staffing levels to other EPA Region 5 states. The Association of State Drinking Water Administrators (ASDWA) attempted to provide this comparison for FY2011 by conducting a survey of states which we have reviewed. Based on that survey, Minnesota provides the most number of FTEs (112), and Indiana provides the least number of FTEs (51.5) for their PWSS programs. See attached. However, this survey did not provide the level of detail necessary to compare workloads. For example, surface water systems typically require more oversight



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than groundwater systems. We have contacted all of the Region 5 states and will be refining these results for a more useful comparison.

More important than a comparison is the actual workload analysis of what needs to be done and what is being left undone. As previously mentioned, the increased funding for FY2017 should address the current funding shortfalls in the program. However, proposed changes to the federal and/or state LCR will increase the funding and staffing required. An initial estimate of the proposed changes in Michigan's LCR which have been supported by the FWICC is that an additional 7-10 FTEs would be required at the state level to manage the new requirements.

***FWATF R-20. Review Michigan's Emergency Manager Law (PA 436) and its implementation, and identify measures to compensate for the loss of the checks and balances that are provided by representative government.***

### **FWICC Response for R-20**

The Policy Subcommittee agrees that the Emergency Manager Law should be reviewed to identify gaps, particularly where impacts may be felt in public health programs and public health administration. Recommendation to create/convene a stakeholder group including legislative partners; the newly created Cabinet level Chief Medical Executive, Treasury, educational partners, local state, and private public health officials, former emergency managers, and residents and officials within jurisdictions having experience with emergency managers.

***FWATF R-21. Consider alternatives to the current emergency manager approach—for example, a structured way to engage locally elected officials on key decisions; an Ombudsman function in state government to ensure that local concerns are a factor in decisions made by the emergency manager; and/or a means of appealing emergency manager decisions to another body.***

### **FWICC Response for R-21**

The Policy Subcommittee generally agrees with the recommendation. Alternative mechanisms for assuring local access points to emergency managers should be created to ensure adequate two-way information flow – particularly on areas impacting public health. Recommendation to create/convene a stakeholder group including legislative partners; the newly created Cabinet level Chief Medical Executive, Treasury, educational partners, local state, and private public health officials, former emergency managers, and residents and officials within jurisdictions having experience with emergency manager.

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*FWATF R-22. Ensure proper support and expertise for emergency managers to effectively manage the many governmental functions of a city. Decisions on matters potentially affecting public health and safety, for example, should be informed by subject matter experts identified and/or provided by the state.*

### **FWICC Response for R-22**

The Policy Subcommittee recommends the creation/convening of a stakeholder group including legislative partners; the newly created Cabinet level Chief Medical Executive, Treasury, educational partners, local state, and private public health officials, former emergency managers, and residents and officials within jurisdictions having experience with emergency managers.

*FWATF R-29. Exercise more vigor, and act more promptly, in addressing compliance violations that endanger public health.*

### **FWICC Response for R-29**

The Policy Subcommittee agrees with this recommendation. The subcommittee's approved model LCR proposal significantly strengthens Michigan's ability to properly monitor and enforce lead and copper standards and includes significant strengthening of all the requirements referenced in Recommendation #30.

*FWATF R-30. In collaboration with the NDWAC and other interested partners, clarify and strengthen the LCR through increased specificity and constraints, particularly requirements related to LCR sampling pools, sample draw protocols, and LSL replacements—and, more generally, strengthen enforcement protocols with agencies delegated primacy.*

### **FWICC Response for R-30**

The Policy Subcommittee agrees with this recommendation. The subcommittee's approved model LCR proposal significantly strengthens Michigan's ability to properly monitor and enforce lead and copper standards and includes significant strengthening of all the requirements referenced in this recommendation.

## **FWICC RESPONSES TO FWATF RECOMMENDATIONS**

*FWATF R-31. Engage Michigan representatives in ongoing LCR revisions and development of enforcement protocols at EPA and MDEQ.*

### **FWICC Response for R-31**

The Policy Subcommittee agrees with the recommendation. The subcommittee's approved model LCR proposal significantly strengthens Michigan's ability to properly monitor and enforce lead and copper standards. Collaborative work should continue to develop the legislation needed to implement the LCR recommendations both at state and federal levels.

*FWATFR-32. Issue an Executive Order mandating guidance and training on Environmental Justice across all state agencies in Michigan, highlighting the Flint water crisis as an example of environmental injustice. The state should reinvigorate and update implementation of an Environmental Justice Plan for the State of Michigan.*

### **FWICC Response for R-32**

The Policy Subcommittee recommends the creation of a work group to review best practices nation-wide in environmental justice. This review should include an assessment of EPA existing standards as well as the 2010 Environmental Justice Plan for the State of Michigan and other existing standards or policies. The work group should examine policy issues and develop guidance, training, and curriculum for use by appropriate state and local agencies.

*FWATF R-40. Institute a school and daycare water quality testing program (which could serve as a model for the U.S.), administered collaboratively by MDEQ and MDHHS, that includes appropriate sampling and testing for lead contamination for all schools and childcare centers in the state and effective reporting of test results.*

### **FWICC Response for R-40**

The Policy Subcommittee agrees with this recommendation. The subcommittee's approved model LCR proposal includes provisions requiring testing at schools, day cares, and adult foster care facilities. The Policy Subcommittee believes that requirement should be replaced with one that requires filtering.

Given the very high prevalence of lead-bearing plumbing in schools/child care facilities, and the long and frequent periods of non-use of tap water on weekends/holidays/breaks, school taps ought to be presumed to pose a lead-in-water hazard no matter how they test during a 1-time sampling event. Even "Lead-free" plumbing [installed between 1986 and 2014] should be assumed to pose a lead-in-water hazard. Every school and licensed day care facility's drinking faucets and those used in food preparation shall be filtered, with no less than an NSF -25 level. Filters shall be required as part of the permitting and inspecting process for renovation or new construction for schools and part of the license and inspection process for day care facilities.

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*FWATF R-42. Revise and enhance information distributed by public water systems on the implications of widespread use of lead in public and private plumbing.*

### **FWICC Response for R-42**

The Policy and Communications Subcommittees agrees with the recommendation. The subcommittee's approved model LCR proposal includes strong direction and requirements on public information campaigns on lead in public and private plumbing – both as part of a general public information effort and as part of the customer service protocols when levels are exceeded.

*FWATF R-44. Prioritize health matters across all state agencies with establishment of a new Cabinet-level post focused on public health.*

### **FWICC Response for R-44**

The Health and Education Subcommittee agrees with the recommendation. The FWICC Policy Subcommittee recommends elevating the current Chief Medical Executive position to the Cabinet and are further recommending a blend of duties from the current Chief Medical Executive position and the prior Surgeon General position as described in the attached position description.

## **HEALTH AND EDUCATION SUBCOMMITTEE**

*FWATF R-6. Establish policies and procedures at MDEQ and MDHHS to ensure input by health experts and scientists when permit decisions may have a direct impact on human health.*

### **FWICC Response for R-6**

The Health and Education Subcommittee supports this recommendation as written. MDEQ and MDHHS met to discuss procedures for sharing of elevated community water supply test results, building on recognized need for closer working relationship to address interface of regulatory and public health functions. MOU signed and MDEQ and MDHHS are meeting on an ongoing basis, and data is being shared between agencies without barriers noted. MDHHS is already working closely with MDEQ on a number of environmental issues across Michigan using the MOU.

## **FWICC RESPONSES TO FWATF RECOMMENDATIONS**

***FWATF R-7. Establish and maintain a Flint Toxic Exposure Registry to include all the children and adults residing in Flint from April 2014 to present.***

### **FWICC Response for R-7**

The Health and Education Subcommittee supports this in concept. However, details need to be worked out on structure and funding. MDHHS has communicated with vendors on developing registry. Initial planning conference call held with federal agencies, MDHHS and Flint representatives to discuss establishment of a registry maintained by ATSDR, contingent on funding. Plans underway to maintain data for long-term tracking of all Medicaid enrollees in Flint, including those enrolled under the Waiver, who were exposed to the water in Flint beginning April 2014. State continues to pursue federal funding sources. Working with dental experts from academia and federal DHHS on evaluation of baby teeth.

***FWATF R-8. Re-establish the Michigan Childhood Lead Poisoning Prevention and Control Commission.***

### **FWICC Response for R-8**

The Health and Education Subcommittee supports this recommendation as written. On May 20, 2016, Governor Snyder signed Executive Order 2016-9. This Executive Order established the Michigan Child Lead Poisoning Elimination Board. The Commission first met in June 2016.

***FWATF R-9. Ensure that MDHHS is transparent and timely in reporting and analysis of aggregate data regarding children's blood lead levels. MDHHS data regarding lead levels shall be provided to individuals and organizations, based on their expertise, upon request and in cases when the interpretation of data by MDHHS is questioned.***

### **FWICC Response for R-9**

The Health and Education Subcommittee supports this recommendation as written. MDHHS has addressed this issue by the following: 1. In Nov 2015, CLPP surveillance moved administratively from another Division to the Environmental Health Surveillance Section in the Division of Environmental Health, under a Manager with over 30 years' experience directing environmental and occupational public health surveillance programs. 2. Three MPH level staff hired to join to augment 2 CLPP surveillance staff, a data manager and a data technician. 2. Established a data sharing agreement with the National Center for Environmental Health at CDC so that CDC scientists in epidemiology and biostatistics have access to Michigan blood lead data and CDC scientists have begun providing technical assistance in developing data analysis methods and providing scientific review of MDHHS data analyses. 3. Established procedures for to ensure timely response to data requests, including aggregate data and data sets for research. CDC issued a report MMWR using our data June 2016; which corroborates Dr. Hanna-Attisha's and MDHHS' original findings.

## **FWICC RESPONSES TO FWATF RECOMMENDATIONS**

*FWATF R-10. Establish a more aggressive approach to timely clinical and public health follow-up for all children known to have elevated blood lead levels, statewide. MDHHS should expand its local efforts and partnerships to accomplish this goal. Whenever possible, routine screening for lead and appropriate follow-up should occur in children's primary care medical homes.*

### **FWICC Response for R-10**

The Health and Education Subcommittee supports this recommendation. However, the focus should be on high risk populations. The discussion must include Medicaid and Non-Medicaid populations. In response, MDHHS has done the following: 1. Improved case management reporting and documentation 2. Piloted incentives for Case Management. 3. MDHHS is partnering with CHAP and GCHD in Flint efforts. Developing new case management approach for Flint and statewide, with greater role of Medicaid Health Plans. Developing comprehensive training plan to support new approach.

*FWATF R-11. Strive to be a national leader in monitoring and responding to exposure of children to lead by converting the Childhood Lead Poisoning Prevention Program (CLPPP) from passive collection of test results into an active surveillance and outreach program.*

### **FWICC Response for R-11**

The Health and Education Subcommittee supports this recommendation. In response, with the assistance of CDC, developing epidemiologic methods for on-going analysis of blood lead data down to the zip code and clinic/provider level, and developing procedures to ensure that findings are communicated with Local Health Departments and community/agency stakeholders for public health response. In support of the new CM approach, data is also shared directly with Medicaid Health Plans. Subcommittee discussed that this should be part of the new Lead Commission.

*FWATF R-12. Improve screening rates for lead among young children through partnerships with county health departments, health insurers, hospitals, and healthcare professionals.*

### **FWICC Response for R-12**

The Health and Education Subcommittee supports this recommendation. MDHHS is working with Medicaid Health Plans to improve screening rates. Subcommittee felt that there should be a focus on asking about risk factors. This can also be part of new Michigan Child Lead Poisoning Elimination Board.

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*FWATF R-13. As the state authority on public health, and as the organization that conducted the epidemiologic study of Legionellosis cases in Genesee County in 2014-15, take responsibility for coordinating with GCHD and CDC to protect Michigan residents from further outbreaks of Legionellosis.*

### **FWICC Response for R-13**

The Health and Education Subcommittee supports this recommendation as written. In response, MDHHS has done the following:

1. MDHHS has reviewed and provided comments back to GCHD on their plan for enhanced Legionnaire's disease surveillance in 2016. Working with WSU and GCHD on the improved surveillance plan.
2. Toolkit for Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings was developed in coordination with CDC and GCHD. The focus is all high risk buildings in Genesee County. A town hall will be conducted on 5/20.
3. Toolkit distribution in Genesee County is being coordinated with CDC and GCHD. - Toolkits were disseminated throughout the healthcare systems and hi-risk facilities throughout Genesee County in April 2016. Toolkit was distributed statewide in April of 2016, and the CDC distributed it nationally in June 2016.

*FWATF R-14. In cases of switches in drinking water supplies in the future, assume that outbreaks of Legionellosis cases may be related to changes in water source and communicate the potential risk to the public, rather than assuming and communicating the opposite.*

### **FWICC Response for R-14**

The Health and Education Subcommittee supports this recommendation with modifications. The subcommittee believes that in cases of switches in drinking water supplies in the future, MDHHS should consider in the epidemiologic investigation that concurrent outbreaks of Legionellosis cases may be related to changes in water source. The MDHHS, in coordination with the MDEQ, shall communicate the potential risk to the public.

*FWATF R-26. Improve follow-up on public health concerns between Genesee Community Health Detroit (GCHD), MDHHS and the City of Flint now and in the future, to effect timely, comprehensive, and coordinated activity and ensure the best health outcomes for children and adults affected.*

### **FWICC Response R-26**

The Health and Education Subcommittee supports this recommendation as written. The GCHD recommendation is in progress.

## **FWICC RESPONSES TO FWATF RECOMMENDATIONS**

*FWATF R-27. Presume that the risk of Legionella may remain elevated in the Flint water distribution system and must take appropriate steps with public and private partners to monitor and mitigate that risk as concerns about water quality continue in the City of Flint.*

### **FWICC Response for R-27**

The Health and Education Subcommittee supports this recommendation as written. The GCHD recommendation is in progress.

*FWATF R-28. Coordinate with state officials (MDHHS) and with local healthcare professionals and healthcare institutions in Genesee County and the City of Flint to mitigate the risk of Legionellosis in 2016 and beyond.*

### **FWICC Response for R-28**

The Health and Education Subcommittee supports this recommendation as written. The GCHD recommendation is in progress.

*FWATF R-35. Through collaboration among MDHHS, GCHD, local healthcare professionals, and health insurance plans, ensure 100 percent clinical and environmental follow-up with Flint families whose children have been found to have elevated blood lead levels since April 2014, and work together to ensure that follow-up occurs in children's medical homes.*

### **FWICC Response for R-35**

The Health and Education Subcommittee supports this recommendation with a few changes. The subcommittee suggested changing to 100% offered. In response to this recommendation MDHHS is currently: 1. Offering Case Management (CM) to all children known to have elevated blood lead levels. 2. Waiver approved for targeted case management enrollment begun 5/9/16.

*FWATF R-36. Offer all children listed in the recommended Flint Toxic Exposure Registry timely access to age-appropriate screening and clinically indicated follow-up for developmental and behavioral concerns by licensed healthcare professionals, as well as access to early childhood education and nutrition services.*

### **FWICC Response for R-36**

The Health and Education Subcommittee supports this recommendation. However, the subcommittee felt that this should not be limited to just those in a voluntary registry. In response to this recommendation, MDHHS is offering case management to all children with known elevated blood lead levels.



## **FWICC RESPONSES TO FWATF RECOMMENDATIONS**

*FWATF R-37. Consider establishing a dedicated subsidiary fund in the Michigan Health Endowment Fund to facilitate funding of health-related services for Flint.*

### **FWICC Response for R-37**

The Health and Education Subcommittee supports this recommendation as written.

*FWATF R-38. Establish a comprehensive Flint public health program, coordinated with county and state-level public health initiatives that can serve as a model for population health across the state. This program should provide assessment, interventions, and support not only regarding the health effects of water contamination but also more broadly regarding the health effects of chronic economic hardship and other social determinants of poor health.*

### **FWICC Response for R-38**

The Health and Education Subcommittee supports this recommendation as written.

## **CITY OF FLINT**

*FWATF R-23. Establish and fund a team of subject matter experts in water system operations (treatment and distribution system management) to support and train water system personnel, guide safe system operation under current conditions, and prepare for successful conversion to KWA.*

### **FWICC Response for R-23**

If the City of Flint is to present its current WTP personnel as SME's, a training program would need to be designed that documents the required training for:

- Plant operations
- Maintenance
- Laboratory analysis
- Safety

With funding from the State of Michigan and/or the federal government, Mott Community College and/or the University of Michigan-Flint will develop an Apprenticeship Training Program (ATP), designed in conjunction with the current City Administrator, with a focus on Water Environment Technology program that will train local residents as SME's to manage the WTP. This is aligned with recommendation #20 that states, "Establish an apprenticeship/certification program for MDEQ ODWMA employees that require direct, hands-on experience with public water system operations.

## **FWICC RESPONSES TO FWATF RECOMMENDATIONS**

*FWATF R-24. Implement a programmatic approach to Flint WTP and distribution system operations, maintenance, asset management, water quality, capital improvements and public engagement (including risk communication) to ensure that the disparate ongoing efforts to address Flint water system infrastructure needs are coordinated, fully documented, and structured to sustain high-quality potable water service over the long term.*

### **FWICC Response for R-24**

To ensure that the efforts to provide quality services are achieved as outlined, this needs to be broken down into more manageable components. The Water Master Plan should cover the City of Flint's approach to the WTP and distribution system operations, and capital improvements. Maintenance (as a computerized maintenance management system) can be or may likely be a future component of Asset Management.

Public engagement (as risk communication) should be a part of the City of Flint's overall risk management and emergency response plan(s).

Additionally, the City of Flint SHOULD create: an Office of Emergency Management, a Distribution, a System RFP, a Service Line RFP, a Water Master Plan, a Critical Infrastructure Interconnectedness Plan, and a Flint Water Response Team.

*FWATF R-25. Implement a robust public engagement and involvement program in conjunction with the anticipated conversion to KWA-delivered water and provide for regular reporting to the Flint Water Inter-Agency Coordinating Committee (FWICC).*

### **FWICC Response for R-25**

Mayor Karen Weaver does a good job of keeping Flint residents abreast of emerging events through: Weekly press conferences, scheduled town hall meetings, Flint residents, community stakeholders, FWICC and Flint City Council Dialogue.

## **GOVERNOR'S OFFICE**

*FWATF R-15. Expand information flow to the Governor so that information providing the foundation for key decisions comes from more than one trusted source—and is verified.*

### **FWICC Response for R-15**

Agree with the recommendation and agree with the need for sound information as the key to decision making. The Governor has stressed the importance of this information flow and has made internal changes, including the creation of the position of Cabinet Director, for this purpose.

## **FWICC RESPONSES TO FWATF RECOMMENDATIONS**

*FWATF R-16. Create a culture in state government that is not defensive about concerns and evidence that contradicts official positions, but rather is receptive and open-minded toward that information. View informed opinions—even if critical of state government—as an opportunity for re-assessing state positions, rather than as a threat.*

### **FWICC Response for R-16**

Agree with the recommendation. The Governor is addressing this issue at the Cabinet level and throughout State government leadership.

*FWATF R-17. Ensure that communications from all state agencies are respectful, even in the face of criticism, and sensitive to the concerns of diverse populations.*

### **FWICC Response for R-17**

Agree with the recommendation. The Governor is addressing this issue at the Cabinet level and throughout state government leadership.

*FWATF R-18. The Governor must assume the leadership of, and hold state departments accountable for, long-term implementation of the recommendations in this report, including but not limited to the need for cultural changes across multiple state agencies, the need for health mitigation and LSL replacement in Flint, and the need for a funding strategy to address replacement of LSLs statewide.*

### **FWICC Response for R-18**

Agree with the recommendation and the philosophy underlying the recommendation. The Governor can and should oversee cultural change at state departments. He created the position of Cabinet Director to assist with this effort. The Governor expects state departments to oversee health mitigation and supports a partnership with the local municipality. Additionally, the Governor can assume responsibility for the state assisting the local governments in the replacement of lead service lines and should be a supportive partner for work that can and should be conducted by local municipality.