

Public Health Foundation Audit of the Milwaukee Health Department Childhood Lead Poisoning Prevention Program

Interim Report

November 2019



Interim Report for the Public Health Foundation's Audit of the Milwaukee Health Department Childhood Lead Poisoning Prevention Program (CLPPP)

Since June 2019, the Public Health Foundation (PHF) has been working with the Milwaukee Comptroller's Office to audit the Milwaukee Health Department (MHD) Childhood Lead Poisoning Prevention Program (CLPPP), including the status of the three audits that were completed in 2018. This interim report provides the status, as of November 5, 2019, of what the PHF team has learned from its review of documents, policies, procedures, agendas, meetings minutes and notes, statutes, municipal code, documentation, reports, and data from the MHD, Housing and Urban Development (HUD), the Wisconsin Department of Health (DHS), and the Centers for Disease Control and Prevention (CDC). The PHF team has also reviewed peer reviewed literature, case studies, and examples from other jurisdictions, and has completed dozens of conference calls and several onsite visits. PHF's final report is set to be completed on time in April 2020.

The report contains PHF's assessment of the CLPPP's current progress since the original three audits took place in 2018, in the order they were conducted; the *City of Milwaukee Health Department Childhood Lead Poisoning Prevention Program Assessment of Operations and Recommendations for Corrective Actions*, January 2018 (MHD Self Assessment); *United States Department of Housing and Urban Development Office of Healthy Homes and Lead Hazard Control Review of the City of Milwaukee Health Department Lead Hazard Control Program*, May 2018; *Report on the Review of the City of Milwaukee Health Department Childhood Lead Poisoning Prevention Program*, May 2018.

Overall, the CLPPP has made large strides since the initial audits were conducted to improve the program, and is currently taking important steps to lay a foundation and program infrastructure to continue its progression. It should also be noted that Milwaukee has a high number of lead poisoning cases each year in comparison to other cities, averaging over 2500 positive lead tests each year over 5 µg/dL, and over 100 of those cases meet the state statutory definition of lead poisoning and require case management services. This is believed to be largely from housing, primarily from lead paint.

The Public Health Foundation (PHF), a private, non-profit, 501(c)3 organization based in Washington, DC, improves public health and population health practice to support healthier communities. Since 1970, PHF has developed effective resources, tools, information, and training for health agencies, organizations, and individuals to help improve performance and community health outcomes. The Childhood Lead Poisoning Prevention team for this initiative includes Ron Bialek, MPP, Vanessa Lamers, MEd, MPH, Matthew Stefanak, MPH, Margaret Anne Vosel, BSN, RN, Leslie Beitsch, MD, JD, John Moran, PhD, CQM, CMC, CQIA, Amanda McCarty, MS, MBA, and Kathleen Amos, MLIS.

PHF's Review of the City of Milwaukee Self-Assessment

This is PHF's assessment of the status of the MHD recommendations as of November 5, 2019.

PHF developed a classification system to report on the status of each recommendation:

- Completed – PHF has reviewed or been able to confirm that this item is complete.
- In progress – PHF has reviewed documentation or is able to confirm the health department is working to complete this set.
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A. DEPARTMENT/DIVISION STRUCTURE AND OPERATIONS

Recommendation A.1.1: Review and revise job descriptions to ensure they reflect the qualifications needed to fulfil the job and describe accurate job duties. – *in progress*.

Recommendation A.1.2: Recruit for and fill vacant management, environmental, and nursing positions. – *in progress*.

Recommendation A.1.3: Explore implementation of a community health worker program to assist with follow-up of EBLs at low levels. – *in progress*.

Recommendation A.2.1: Develop and implement an orientation and training curriculum for all program staff (Lead Risk Assessors, Nurses, Health Services Assistants). – *in progress*.

Recommendation A.2.2: Draft and/or revise program policies and procedures, and maintain compliance with the MHD's policy 100-600-PP, Developing and Maintaining Written Policies and Procedures requiring review every 24 months - *in progress*.

Recommendation A.2.3: Create a system to ensure that staff have received revised policies and procedures and have adequate training to follow the procedures. - *in progress*.

Recommendation A.2.4: Develop and implement periodic joint field assessments with the supervisor to ensure quality service provision. – *in progress*.

Recommendation A.2.5: Train all primary prevention lead risk assessors and environmental and disease control specialists on secondary prevention case investigation. - *completed*.

Recommendation A.3.1: Work to implement new data system for tracking EBLs (Healthy Housing in Lead Poisoning Surveillance System, HHLPS), EBL case management and EBL environmental investigations. *completed*.

Recommendation A.3.2: Develop and implement a performance management dashboard to regularly monitor key performance measures and program statutory requirements. – *in progress*.

Recommendation A.3.3: Explore the implementation of Healthspace for lead permitting and order writing. – *in progress*.

Recommendation A.3.4: Request technical support from the State of Wisconsin or the CDC to further assist in auditing the program data. – *completed*.

Recommendation A.3.5: Create a routine auditing schedule. Partner with other state or local units to audit files and procedures to identify deficiencies. - *in progress*.

Recommendation A.3.6: Program staff, program managers, and division managers must be held accountable for assuring that program activities are carried out, and that program objectives and requirements are being met.- *in progress*.

Recommendation A.4.1: Create a single cohesive Environmental Health Program (refer to current program organization chart on Figure 2.2) – *in progress*.

Recommendation A.4.2: Move all program staff to the Zeidler Municipal Building to foster collaboration, integration, and trust, and to further integrate and align activities within MHD structure. – *in progress*.

Recommendation A.5.1: Develop and implement a career ladder for environmental staff to increase employee retention. - *in progress*.

Recommendation A.5.2: Fully implement the MHD's 2018-2020 Workforce Development Plan, which includes activities to increase employee morale and employee recognition. – *incomplete*.

B. PRIMARY PREVENTION ACTIVITIES

Recommendation B.1.1: Program staff should track the use of promotion and education materials, implementing a regular review process to update content as necessary using the assistance of MHD Communications staff. - *in progress*.

Recommendation B.1.2: Increase the staff capacity of MHD Communications and allocate funds for public health education and awareness messaging. - *in progress*.

Recommendation B.1.3: Work to educate the public about lead hazards, prevention, and available resources. - *in progress*.

Recommendation B.2.1: Develop relationships with Head Start, K-3, and K-4 programs to identify new strategies for prevention education and awareness activities, including connecting families to existing program resources (i.e. lead paint/window abatement and drinking water filter distribution). – *in progress*.

Recommendation B.2.2: Reestablish relationships with primary care providers, federally qualified health centers, and local clinics to identify new strategies for prevention education and awareness activities, including connecting families to existing program resources (i.e., lead paint/window abatement and drinking water filter distribution). – *in progress*.

Recommendation B.3.1: Conduct a meeting with contractors to identify challenges in working with the MHD and explore solutions that meet mutual interests. – *in progress*.

Recommendation B.3.2: Suspend the use of the “Requirements of Doing Business with the Lead Program,” which outlines unnecessary constraints on doing business with the MHD.- *completed*.

Recommendation B.3.3: Reimburse contractors for payment adjustments/fees for failed dust wipes. – *in progress*.

Recommendation B.3.4: Assess whether there is sufficient lead abatement contractor capacity in the city, and if insufficient, open the RFP process to increase the pool of contractors. – *in progress*.

Recommendation B.3.5: Collaborate with contractors and DHS to support contractors in complying with lead abatement requirements. – *completed*.

Recommendation B.4.1: Establish and implement a corrective action plan with HUD. – *completed*.

Recommendation B.4.2: Partner with established HUD grantee to serve as a mentor on program requirements/processes. – *in progress*.

Recommendation B.4.3: Explore adding additional partners for Healthy Homes Supplemental to assure timely completion of HUD grant objectives. – *completed*.

Recommendation B.5.1: Update program eligibility requirements to align with less restrictive HUD requirements. – *completed*.

Recommendation B.5.2: Develop criteria for paying property owner's share when cost is a barrier to participation in primary prevention. - *completed*.

Recommendation B.5.3: Create an expedited pathway for elevated blood lead level properties to receive abatement funds. Assure properties are prioritized for abatement funding within program funding limitations. *completed*.

Recommendation B.6.1: Expand neighborhood canvassing in high-prevalence areas to develop an adequate pipeline of primary prevention applications. – *in progress*.

Recommendation B.6.2: Obtain a list of Section 8 landlords to increase a pipeline of new applicants. – *in progress*.

Recommendation B.6.3: Partner with Federally Qualified Health Centers and primary health care providers to enroll individuals into primary prevention activities. – *in progress*.

Recommendation B.6.4: Coordinate and collaborate with City governmental partners (Department of Neighborhood Services and Department of City Development) to expand primary prevention activity reach. – *in progress*.

Recommendation B.7.1: Obtain additional and sustainable funding source(s) for water filters certified to remove lead. Ensure that limited resources are distributed to those who are most vulnerable to potential lead exposure through drinking water. – *in progress*.

Recommendation B.7.2: Identify additional partners to distribute filters to targeted populations. – *in progress*.

Recommendation B.7.3: Explore opportunities to evaluate the MHD's filter distribution program to find efficiencies. – *in progress*.

C. SECONDARY PREVENTION ACTIVITIES

Recommendation C.1.1: Implement new data system for tracking EBLs (Healthy Housing in Lead Poisoning Surveillance System, HHLPSS), EBL case management and EBL environmental investigations. - *completed*.

Recommendation C.1.2: Create a system to regularly review referrals and ensure proper documentation at every intervention level. - *in progress*.

Recommendation C.2.1: Work with providers to establish a system of follow up for children who receive an elevated capillary test to ensure venous testing is received within the appropriate timeframe. – *incomplete*.

Recommendation C.2.2: Improve outreach and education to local clinicians and community partners to raise awareness about latest research on lead and on lead testing recommendations. – *in progress*.

Recommendation C.2.3: Update tool kits for area clinicians specific to local lead poisoning prevention recommendations to develop materials specifically in support of perinatal lead testing. – *in progress*.

Recommendation C.2.4: Work with community partners to educate parents/guardians about the importance of follow-up confirmatory testing. - *incomplete*.

Recommendation C.2.5: Develop a system to identify children who received two elevated capillary tests within 12 weeks to ensure that they receive the proper intervention. – *completed*.

Recommendation C.3.1: Revise and streamline the process flow for MHD staff who provide interventions to children with elevated blood lead levels. - *completed*.

Recommendation C.3.2: Ensure that adequate staffing capacity exists for appropriate elevated blood lead level case management and environmental investigations. - *in progress*.

Recommendation C.3.3: Refine the case management follow-up algorithm and ensure proper referrals are made in a timely manner. – *in progress*.

Recommendation C.3.4: Revise approval process for returning chelated children to lead-safe homes. - *incomplete*.

Recommendation C.3.5: Implement electronic documentation for environmental investigations. – *in progress*.

D. POLICY RECOMMENDATIONS

Recommendation D.1.1: Seek a sustainable funding source to support necessary staffing levels to provide desired service levels beyond statutory requirements. – *incomplete*.

Recommendation D.1.2: Explore lead-safe certification for rental properties. – *incomplete*.

Recommendation D.1.3: Review lead abatement enforcement strategies with the City Attorney's office to ensure timely resolution of abatement orders. - *completed*.

Recommendation D.1.4: Enhance partnership with DNS Landlord Training Program to educate landlords on lead hazards and available resources. – *in progress*.

Recommendation D.1.5: Amend the Milwaukee Code of Ordinances to allow property owners to participate in the lead service line replacement program if their water tests high for lead as part of an EBL investigation. – *in progress*.

Recommendation D.1.6: Amend the Milwaukee Code of Ordinances to allow the Health Department to require child care facilities to participate in the lead lateral replacement program. - *in progress*.

Recommendation D.1.7: Advocate for state legislation requiring lead-free or lead-safe certification at the point of property sale or at minimum full disclosure of all lead hazards, including lead service lines. *incomplete.*

Recommendation D.1.8: Develop a system of billing for environmental and nursing services. – *in progress.*

Recommendation D.1.9: Ensure all billing revenue generated from EBL case management and environmental intervention returns to program to fund future outreach. – *in progress.*

Recommendation D.1.10: Seek state cooperation to submit a Medicaid waiver to use Medicaid funds to pay for remediation in homes of children with elevated blood lead levels. - *in progress.*

Recommendation D.1.11: Explore ways to maximize the City's ability to bill Medicaid for services provided by MHD for children with blood lead levels greater than 5 µg/dL, including inspections and case management services. – *in progress.*

Recommendation D.2.1: If local policy for property water testing remains, a sustainable funding source must be found. – *in progress.*

PHF Review of the Housing and Urban Development (HUD) Audit

This is PHF's assessment of the status of the HUD recommendations as of November 5, 2019.

PHF developed a classification system to report on the status of each recommendation:

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- In progress – PHF has reviewed documentation or is able to confirm the health department is working to complete this set.
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Finding 1: Project Management and Oversight

1. The Program Manager and Program Director will meet with the GTR (Government Technical Representative) bi-weekly for a period of no less than 2 quarters to ensure the work plan and implementation of the grant are in compliance and to provide individual opportunity to clarify roles and expectations of MLHCG (City of Milwaukee Lead Hazard Control Grant) staff during the grant administration. – *completed*.
2. All key staff will have the required training and certification to effectively administer the program based on their job description and role. – *completed*.
3. All staff will be required to attend all Grantee Webinars offered by OLHCHH (Office of Healthy Homes and Lead Hazard Control) Programs Division for the duration of the grant performance period. Webinars are recorded and made available and attendance records are kept. A list of required staff will be determined and used to show supporting documentation of this requirement. – *completed*.
4. Any new staff added to the MLHCG program in key roles of the unit production process identified by the GTR; or any that serve in areas affected will be required to attend the New Grantee Orientation Sessions and or Program Manager School whichever is closer in date to the turnover in team assignments. – *completed*.

Finding 2: Poor Production Performance

1. The program manager will submit for review and approval to the GTR a benchmark revision request that reflects the approach the grant is taking to bring the program on track with benchmarks. – *completed*.
2. The MLHCP will provide an organizational chart that supports full staffing needs of the unit production process detailed in the updated and approved work plan. – *completed*.
3. Full staffing with qualified, trained, and certified (where applicable) persons to fulfill the program needs for all steps of the unit production process will be in place as documented in the approved work plan will be in place with training completed; "ready for work" – *completed*.
2. Full support of this staffing by MLHCP through documented letters of commitment to retain the trained expertise in these roles until the grant is fully meeting benchmarks consistently and a change in resource direction is justified and approved by the GTR. – *completed*.

Finding 3: Monitoring of Contractor Performance

1. A mandatory meeting with all of the contractors selected to work under this grant award will be held to discuss the findings of this report and the expectations there are to ensure the issue is not repeated on any unit in the future. – *completed*.

2. Documentation will be obtained that each contractor understands the State of Minnesota Lead Activities Regulations as well as HUD/OLHCHH requirements for this grant program. – *completed*.*

*reference to Minnesota here believed to be a typo

3. Policy and Procedures for unit monitoring will be updated to reflect compliant practices that include timeline, accountable persons, and relevant items that will be a minimum required to be monitored for every unit reported under this grant award. This will be included in grant documents submitted for review and approval by the HUD assigned GTR. – *completed*.

Finding 4: Documentation Collection and Planning

1. The MLHCP will provide the complete file and analysis of missing documentation that resulted from the review required in action #5 of the High Risk Special Conditions. – *completed*.

2. MLHCP will provide a timeline and work out strategy including who from the trained and certified staff; will be tasked to complete the corrections needed in the unit file and onsite at each unit address as applicable to make the unit fully eligible. This detailed plan including estimated costs will be provided the GTR for approval. This activity progress will be a required report out in the bi weekly status meetings with the GTR once approved. – *completed*.

Concern 1: Testing Water for Lead

Minimum Requirement:

- Establish and provide documentation of a solid collaboration with the City of Milwaukee Water program to ensure the education that is made available to the public with results is consistent and reflects resources that are readily available. – *in progress*.
- Amend the work plan and HH budget to direct funds to remediation options that are reasonable and not beyond the scope of the program. – *in progress*.
- Provide notice to health care providers and encourage blood lead testing in association with education even when remediation is not provided or justified through an amended work plan priority approach. – *in progress*.

Concern 2: Overall approach for the Intake Process

Minimum Requirement: It is the expectation that the MLHCP program team will identify the best way to collaborate with the legal protocol set in place to best utilize resources available for lead remediation. The work plan goals and target population as well outreach and intake process will have to be amended to include a clear collaboration in addition to targeted neighborhoods in the jurisdiction to ensure the pipeline is full of eligible application to prioritize and complete. – *in progress*.

Concern 3: 2014 Grant Closeout

Minimum Requirement: The administrative timeline for the closeout for the 2014 grant include a full review of all completed unit files for the same issues listed in Finding 4 in full. A workout plan and

assessment of ineligible cost that is not reconcilable through amended documentation will be a requirement of the closeout by the GTR. – *completed.*

PHF Review of the Wisconsin Department of Health (DHS) Audit of the Milwaukee Health Department Childhood Lead Poisoning Prevention Program

This is PHF's assessment of the status of the DHS recommendations as of November 5, 2019.

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Program Administration Corrective Actions

1. Develop and implement written policies, procedures, and protocols or standards of practice to guide the daily work of all aspects of the program. – *in progress*.
2. Develop and maintain annual program objectives with outcomes measurements documented. – *completed*.
3. Remove or revise the MHD Intervention Levels for Children by Blood Lead Level, 2015-2017 protocol posted on the MHD website. This protocol does not comply with Wis. Stat. ch. 254 requirements, 2017 Program Quality Criteria and the WCLPP Program Handbook. – *completed*.
4. Develop or adopt criteria for opening and closing nursing case management files for children and environmental investigation files for addresses that meet or exceed EBLL requirements. – *in progress*.
5. Develop and maintain a central filing system for nursing case management files, environmental investigation files, and other key records of the program. – *in progress*.
6. Develop and implement written protocols for entering nursing and environmental investigation information into the childhood lead database that ensures consistency between information in the paper file and in the database. – *in progress*.
7. Develop and implement written protocols for record-keeping that include required documents for environmental investigation files (including the risk assessment report, written orders with work specifications, and clearance report as required). – *in progress*.

Nursing Case Management Corrective Actions

1. Review the 491 EBLL cases identified in MHD between January 1, 2012, and December 31, 2017, to identify and ensure nursing case management is provided for all children who should have had these interventions but who (1) did not receive them, (2) did not receive all required interventions, or (3) had their cases closed before meeting minimum closure criteria. These include the 37 EBLL cases based on two venous BLLs ≥ 15 mcg/dL and the 454 EBLL cases based on one venous BLL ≥ 20 mcg/dL. – *in progress. Referred to as the "historic cases."*

2. At a minimum, initiate nursing case management for all children with two venous BLLs ≥ 15 mcg/dL that were drawn at least 90 days apart or one venous BLL ≥ 20 mcg/dL per the WCLPP Program Handbook and the 2017 Program Quality Criteria. – *completed*.
3. Conduct nursing home visits for all children identified with an EBLL as specified in the WCLPP Program Handbook. – *in progress*.
4. Develop and implement nursing case closure criteria that meet or exceed state program minimum case closure criteria as specified in the WCLPP Program Handbook. – *in progress*.
5. Develop and implement protocols to reopen closed nursing cases when the child has another EBLL. – *incomplete*.

Environmental Investigation Corrective Actions

1. Review the 491 EBLL cases identified in MHD between January 1, 2012, and December 31, 2017, to identify and ensure environmental investigations are provided for any of the EBLL cases that did not receive required services. These include the 37 EBLL cases based on two BLLs ≥ 15 mcg/dL and the 454 EBLL cases based on one BLL ≥ 20 mcg/dL. – *in progress. Referred to as the "historic properties."*
2. Develop and implement program criteria that require conducting a complete lead risk assessment and provision of a full lead risk assessment report for each address associated with an EBLL case, as referenced in the 2017 Program Quality Criteria and described in the WCLPP Program Handbook. – *in progress*.
3. Develop and implement program criteria that require conducting a complete lead clearance and provision of a full lead clearance report for each completed lead hazard remediation, as required under Wis. Admin. Code ch. DHS 163, for each lead clearance conducted. – *in progress*.
4. Develop and implement program criteria that require written orders for each property where a lead hazard is identified as required under Wis. Stat. ch. 254. – *in progress*.