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Home Environmental Health Director  
City of Milwaukee Health Department  
841 North Broadway, RM 304  
Milwaukee, WI 53202

May 15th, 2020

**Re: Response to the Public Health Foundation Audit Findings, Observations and Recommendations**

Dear Ms. Sawa,

Listed below are the responses to the Audit Findings, Observations and Recommendations for the City of Milwaukee Childhood Lead Poisoning Prevention Program from the Home Environment Health Department. I would also like to take this opportunity to thank you and your staff for the time and value-added professional feedback you have provided to the program.

**Finding 1: Documentation is not sufficient to assure program compliance.**

**HEH Response:** The Home Environmental Health (HEH) Division recognizes that this was an area that needed improvement. To ensure compliance with all the documentation requirements, the HEH Department finalized the Documentation policy on January 10, 2020. All staff were required to read this policy and submit a sign-off form during January. Also, there was training completed during the all-staff meeting on March 27, 2020. This training addressed documentation at every level in the division including: Management, Coordinator, Field Staff, and Administrative Support Staff. Also, to ensure this policy is followed, the HEH Department finalized the Quality Assurance and Proficiency Test Guidance Document on January 30, 2020, and provided training to all the staff on February 29, 2020. This policy implemented a review process of selecting a random number of files or cases and assess compliance with program requirements. Also, this includes field assessments to ensure proper documentation is collected. The HEH Public Health Nurse (PHN) Supervisor has taken steps to assure that the “Nursing Standards of Practice Lead Poisoning Prevention Program Policy 600-053” documentation criteria is clear and follows the WI State Statutes Department of Safety and Professional Services and Wisconsin Board of Nursing. The HEH division is implementing the necessary steps to ensure documentation meets program compliance and State Statue.

**Finding 2: Corrective Actions from the 2018 WI DHS Report remain incomplete.**

**HEH Response:** The HEH management team submits a monthly report to DHS detailing the progress of the 2018 WI DHS Report Action Work Plan. Below is the status of the work plan:



- 1. Adequate recordkeeping and documentation:** The Central Filing System and Data Management policy was approved by the Department of Health Services (DHS) and completed on 02/01/2020. HEH acquired software, Quickbase, to accurately record and verify documentation for each case. This is complete for nursing and environmental with a draft “Quickbase Technical Guidance for Home Environmental Health App” shared April 2020. The PHN Coordinator provides one on one training of the PHN Case Managers with the PHN Supervisor identifying missing or inaccurate data through the analytical reports and notifying the PHN Case Manager on what needs correction or completion to adhere to Case Management and Documentation Policy timelines and criteria.
- 2. Required written policies and procedures being adopted and implemented:** All the policies and procedures required by Department of Health Services (DHS) were finalized and submitted on January 31, 2020. HEH created a training policy plan that is being implemented to ensure all policies and procedures are adopted and followed.
- 3. Case management of all historic cases:** Follow-up and close all the Historical Nursing and Environmental Cases. HEH understands that providing the proper care to these children is extremely important, and our goal as a department it to ensure these cases meet the closure criteria per the State Statute. HEH is informed by DHS what case management or environmental measures are needed to officially close these historical cases with a related timeline. DHS has observed significant progress and has lifted the monthly reporting requirements in April 2020 for the historical cases. The historic cases are now included in the monthly “Active” report obtained from the Quickbase reporting system. Due to COVID-19 and the inability of Lead Risk Assessors and Department of Neighborhood Services field staff to go into homes to do risk assessments and scopes of work, the historical cases are on HOLD. We anticipate resuming the work once we have implemented “Nursing Case Management and Lead Risk Assessor Home Visit protocol”. (June 2020)
  - a. Nursing Cases to Close: 29
  - b. Environmental Cases to Close: 30

**4. Assurance of case follow-up for new cases:**

The following processes will ensure all the new cases are assigned have the required follow-up services:

- a. HEH implemented the “Case Assignment for Environmental Investigations” and “Processing Reported EBLL Referrals for Case Management Services” policies to monitor alerts for new cases generated by Healthy Homes Lead Poisoning Surveillance System (HHLPSS). HEH Staff received the proper training and reviewed of the policy to ensure full understanding of the process and expectations.



- b. DHS sends a weekly report notifying HEH of new nursing and environmental investigation cases generated each week. The PHN and Environmental Supervisor review this report on a weekly basis to ensure all cases were assigned and added into the HEH Database, QuickBase.
- c. Monthly submission of Active Nursing and Environmental Investigation Cases to the DHS which demonstrates to DHS the HEH division has provided the proper oversight ensure all the cases are receiving the required follow-up services. These reports are generated from a recent implemented database QuickBase and the report is generated from HEH Supervisor to review and submit to DHS.

Overall, the HEH department has made significant progress since the beginning of 2019. We recognize that the Public Health Foundation made an attempt to obtain progress made in writing from the Wisconsin Department of Health Services (DHS), but wasn't successful; however, we are waiting for final feedback confirming that HEH nearly complete the corrective action plan.

**Finding 3: Not all cases adhered to MHD Policy 300-637 on case management assignment.**

**HEH Response:** The referral timeframe and response time established in the 300-637 Policy was created with the assumption that the department is at full staff capacity. During the 2019 year, the HEH department encountered staffing retention challenges, and policies and procedures were in the process of development. HEH hired three new Public Health Nurses at the beginning of the year, and by early fall, HEH had to start new recruitment of four new nurses due to staffing turnover. The HEH Department was able to stabilize the nursing case management area by the end of 2019. We have a Public Health Nurse Supervisor, a Public Health Nurse Coordinator, and close to having full staffing of the Public Health Nursing Case Managers. The HEH division is now in compliance with the MHD Policy 300-637 "Processing Reported Elevated Blood Lead Levels and Referrals for Case Management Services" due to staffing of those key positions. Future revision of this policy will clarify the timeframes for EBL review and assigning a new case to reflect "Cases meeting new case criteria will be reviewed and assigned to a PHN within 24 hours of receipt during MHD business hours. Other notifications will be reviewed within 48 hours of the PHN Coordinator receiving the notification during MHD business hours." The nursing team started weekly training of policies and procedures, and the Public Health Nurse Supervisor continuously delivers Nursing Case Management training to ensure a consistent process and documentation compliance. In addition this includes the review of policies at monthly meetings. The "Nursing Care Coordination and Case Management for Lead Levels Requiring Immediate Action Including Chelation Interventions" has an in depth review with recommendations for revisions based on PHN Case Manager, PHN Coordinator and PHN Supervisor teamwork. The "Case Closure" policy is currently under review and will include a formal checklist with clear requirements and Case review sign off by the PHN Supervisor. (In preparation for onboarding new PHN Case Managers, the "Home Environmental Health Nursing Case Management and Care Coordination Orientation, Training and Professional Development" policy is under review and will be implemented to assure appropriate skillsets are in place for PHN Case Management prior to assignment of active cases.

**Finding 4: Not all cases adhered to MHD Policy 300-660 on environmental investigation.**



**HEH Response:** The referral timeframe and response time established in the 300-600 Policy was created with the assumption that the department is at full staff capacity. There has been an ongoing challenge retaining lead risk assessors. Additionally there is a need for additional management support which will be requested in the 2021 budget. During the 2019 year, the department gained a better understanding of the volume of properties that needed an environmental investigation for all the Elevated Blood Lead Level referrals. HEH has determined to maintain an adequate response time for all new referrals, and due to the volume of properties generated, HEH is planning to increase staffing to have fourteen Lead Risk Assessors. Also, the Environmental Investigation team will review the policy and ensure it meets minimum response expectations by State Statute to ensure compliance of this policy is met moving forward by July 2020.

To ensure this timeframe improves overtime and monitor compliance, HEH implemented the Quality Assurance and Proficiency Test Guidance.

**Observation 1: Documentation and surveillance systems are inefficient and ineffective.**

**HEH Response:** The HEH division was in the process of implementing the Central Filing System and Data Management Policy during the Site Visit. At that time there were three sources of documentation which included the Physical File, Electronic Shared Folder and the new Database, QuickBase that was in the process of development and transferring the documentation. To ensure this process was completed, efficient and ensure each case met the required documentation requirements, all staff received proper training on the Central Filing System Policy, Data Management and Documentation during the first quarter of 2020. These policies have been implemented and are discussed and reviewed by HEH Management during one-on-one meetings with staff every 2 weeks. The PHN Supervisor conducts ongoing quality checks of documentation along with monthly one on one meetings with the PHN case managers to review caseload and problem solve difficult follow-up situations. Case Conferencing will be implemented in June 2020 with the PHN Case Managers and the Lead Risk Assessors to optimize communication.

**Observation 2: Children being treated for elevated blood lead levels do not always have access to lead- safe housing.**

**HEH Response:** MHD has seen a decrease in abatement wait times starting late summer of 2019. Staff perform interim control measures on all properties to increase safety of the child until the abatement process starts. Properties that are deemed inhabitable for the child and family will be brought to the attention of HEH.

**Observation 3: There is a lack of clarity for budget oversight and accountability.**

**HEH Response:** The City of Milwaukee Health Department was able to staff the Business Operations Division. We now have the Business Operations Manager and Grant Accountant onboard supporting the HEH Department. In addition, the Business Operations Department and Home Environment Health Division initiated monthly check-in meetings to discuss budgets vs. expense reports and other important financial items to ensure proper oversight and accountability.



**Observation 4: Medicaid is not being fully billed for Medicaid-eligible services.**

**HEH Response:** The HEH will evaluate this process and incorporate fields in QuickBase to ensure the department identifies all families eligible for Medicaid early in the process and add fields to track each eligible case for reimbursement. The HEH Division projects for this process to be completed early fall as the Data and Evaluation Team is supporting COVID-19. Also, HEH will create a policy and procedure for Medicaid Reimbursement and properly train staff to ensure this process is completed and monitored.

**Observation 5: There is some uncertainty in the completeness of risk assessments.**

**HEH Response:** The Lead Risk Assessment team completed the following training to ensure the staff have a standard process to complete Environmental Investigations, Enforcement and Clearances during the week of March 9-13, 2020.

Quality review of Lead Inspections reports, Orders, Citations and Clearance Reports are completed by the HEH Coordinators to ensure proper completeness of reports. In addition, the Department of Health Services requires that this documentation is submitted for each property in HHLPS and they review and process these reports.

**Recommendation 1: Case management should be centrally monitored, and each case overseen by one public health nurse and the nursing coordinator or supervisor.**

**HEH Response:** All active cases are now assigned to one PHN Case Manager by the PHN Coordinator with support from the PHN Supervisor. All physical cases files are located in a locked Central filing system by PHN Case Manager name in alphabetical order. Any file pulled is required to be replaced at the end of each work day. The PHN Supervisor maintains daily assessment of charts being worked on are returned to the Central filing system by the end of the workday. The PHN Coordinator and the PHN Supervisor perform electronic audits of the Quickbase and notifies the PHN case manager with follow up review within 2 days. A draft "Home Environmental Health Nursing Case Management Chart Audit is in development.

**Recommendation 2: Convene regular case reviews to coordinate and improve care.**

**HEH Response:** The PHN Supervisor conducts ongoing quality checks of documentation along with monthly one on one meetings with the PHN case managers to review caseload and problem solve difficult follow-up situations. Case Conferencing will be implemented in June 2020 with the PHN Case Managers and the Lead Risk Assessors to optimize communication.

**Recommendation 3: Letters and educational materials sent to families should be in plain language and translated into the common languages spoken in Milwaukee.**

**HEH Response:** Letters sent to families have all been revised and are more user friendly and in English and Spanish. They have been named appropriately so that the proper letter is generated and documented within the database. Letters with blood lead levels for existing cases can be personalized



by the PHN Case Managers. Letters for elevated blood lead levels that are not case-making are sent out with an improved education flyer with instructions to connect with our community partners for outreach and education along with a pre-screening for the Lead Risk Reduction Program. Educational Materials have all been revised for literacy, visual engagement and are shared with our community partners.

**Recommendation 4: Conduct regular self-audits.**

**HEH Response:** Regarding the Housing and Urban Development (HUD) Grant, the HEH Division ensures all units that receive funding meet required enrollment and income eligibility standards set by HUD policy guidance. In terms of the lead abatement work performed on qualifying units, staff will check the scope of work of each unit and the Environmental Manger randomly samples units for accuracy to assure that all HUD funds are used to abate lead hazards only. The abated units are spot checked to verify that repairs have stood up to the harsh Wisconsin winters. We will conduct these spot checks throughout the year. HEH managers also conduct unannounced visits (Quality Assurance Guidance Document) while staff field are conducting inspections and clearances to evaluate performance and assure consistency throughout the department. A draft “Home Environmental Health Nursing Case Management Chart Audit Policy is being piloted by the PHN Coordinator and PHN Supervisor during quality checks of Physical Charts, Quickbase and the Healthy Home Lead Poisoning Surveillance System database case documentation.

**Recommendation 5: Have a periodic performance audit conducted by an independent, neutral, third party.**

**HEH Response:** The City of Milwaukee has now employed an Inspector General for the City who will perform periodic audits of the Home Environmental Health Division. Additionally as funds become available, outside audits will be requested.

**Recommendation 6: Review MHD policies to assure they are administratively feasible.**

**HEH Response:** All policies have recently been re-written based on our processes and requirements. On an annual basis, our program will review all relevant policies to make sure that they are still applicable and reflect current practice as processes are improved.

**Recommendation 7: Explore unique staffing models.**

**HEH Response:** Working with the Health Department HR and DER to conduct a Job Analysis (in-depth study) for the Lead Risk Assessor position to update the job description to recruit candidates with the necessary skills to perform the job successfully.

**Recommendation 8: Develop and implement a retention strategy for lead poisoning prevention staff.**

**HEH Response:** Currently HEH is working with the Health Department HR and DER on the reclassification of the pay scale for the Lead Risk Assessors. Once management staff vacancies have been filled the department will resume individual performance evaluations.

**Recommendation 9: Provide ongoing staff training. The program has recently concluded a re-training of all staff.**



**HEH Response:** These trainings are continuous and cover all aspects of the investigation, monitoring and clearance processes. Best practices are shared regarding Lead Inspection/Risk Assessment and Clearance Report writing and all other necessary documentation. All PHN Case Managers and the Public Health Nurse Supervisor have attended the CDC National Lead Poisoning Training Center and have access to American Nurses Association webinars, American Public Health Association journals, Family and Community Health journals, Journal of Public Health Management and Practice and the Public Health Nurse Residency Program series sponsored by the Southeastern Region of Wisconsin Public Health Nursing of the Wisconsin Department of Health Services.

**Recommendation 10: Conduct regular communications with the child’s main healthcare provider on the public health services being provided to the child and family.**

**HEH Response:** Conducting and documenting communications with healthcare providers is included in the “Nursing Standards of Practice-Documentation”, “Nursing Care Coordination and Case Management for Lead Levels Requiring Immediate Action Including Chelation Interventions” and the “Case Closure” policies.

**Recommendation 11: Mobilize public health and health care resources in Milwaukee and surrounding areas to increase lead screening rates.**

**HEH Response:** Testing is available at the City of Milwaukee Health Centers and community partners including Sixteenth Street Health Center and SDC.

**Recommendation 12: Move all childhood lead poisoning case management and follow-up activities under the oversight of the MHD.**

**HEH Response:** All case management and follow-up activities are under the oversight of the MHD.

**Recommendation 13: Institute a “Lead Court.” MHD will continue to utilize the City of Milwaukee Municipal court for lead hazard hearings.**

**HEH Response:** MHD has increased lead enforcement significantly and look to hold home owners and landlords more responsible for the upkeep of their properties. Our Municipal court is fully aware of the issues with lead.

**Recommendation 14: Participate in or create a public lead hazards registry.**

**HEH Response:** This request has been made to the State of Wisconsin Department of Health Services.





**Recommendation 15: Assess and address lead poisoning “hot spots.”**

**HEH Response:** The City of Milwaukee Health Department developed heat maps and prioritize outreach and resources in areas with the greatest need.

**Recommendation 16: Create and implement a citywide strategic plan to mobilize and coordinate city resources and prioritize childhood lead poisoning throughout Milwaukee.**

**HEH Response:** In collaboration with the BOH (Board of Health) the Lead Safe Advisory Committee has been created, made up of community agencies, hospital systems and other educational agencies and community residents. The LAC (Lead Safe Advisory Committee) will be tasked with the creation of factsheets and educational materials to be distributed to the community.

**Recommendation 17: Conduct lead exposure prevention activities.**

**HEH Response:** MHD currently has a partnership with Sixteenth Street Community Health Centers and Social Development Commission (SDC) to increase lead outreach efforts throughout the City of Milwaukee. The Community Lead Outreach Program will support MHD by identifying new strategies for lead prevention education and awareness activities, including developing relationships with Head Start, K-3, and K-4 programs, childcares, health centers, advocacy groups, neighborhood, and parent organizations. By connecting families with children under the age of six and pregnant women to existing program resources, i.e., lead hazard reduction, drinking water filter distribution, provide education, home visiting and education on the lead-safe kits, if available from MHD.

Sincerely,

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Claire Evers  
Deputy Commissioner of Environmental Health  
City of Milwaukee Health Department



