

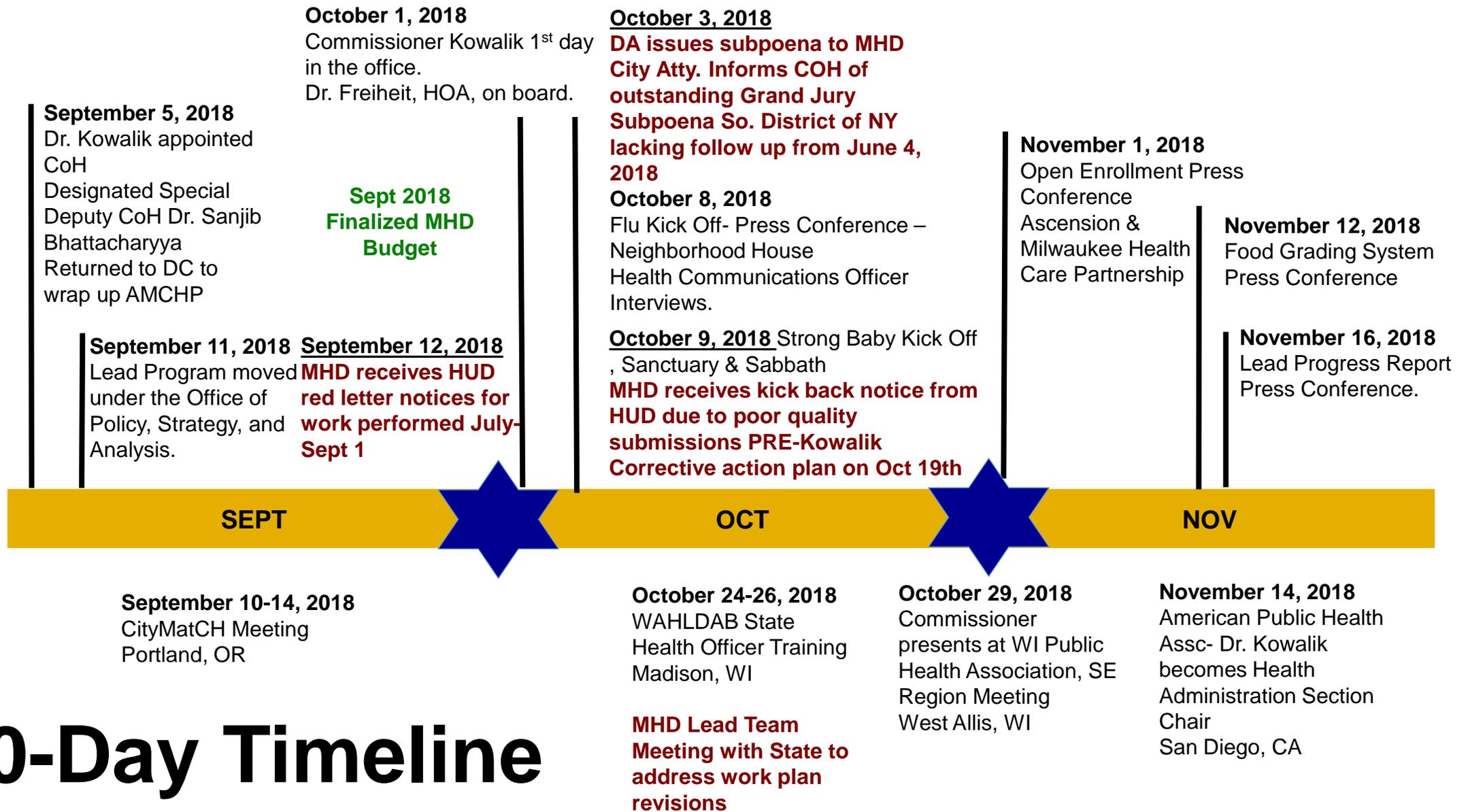
City of Milwaukee Health Department

Commissioner Kowalik's 90-Day Plan



Steering & Rules Committee
November 16, 2018

90-Day Timeline



Workforce: Who does the work

- Turnover & Retention
 - Establish baseline rates in month 1, evaluate retrospective data 3 years prior*
- Increase Vacancy Fill Rate
 - Strategic Planning btw DER and MHD HR*
- Examine Diversity
- Job Satisfaction
 - Evaluate most recent survey*
 - All Staff emails*

Operations: How we do our work

Policies & Procedures

- *PHAB domain checklist*
- *Examine Finance and HR operations*
- *Annual review cycle at Leadership Team meetings*
- *Data Dashboard on MINT*

Office Efficiencies

- *New phone routing system and voicemail*
- *Moving public functions to the 1st floor*
- *Examining security features*
- *New routing procedures*

Board of Health: Guidance

Establishment

- *Evaluate BOH legislation & national standards*
- *9 members*
- *Advisory*

Health Advisory Committee- Alderwoman Lewis

- Balance Community Engagement & Root in Science
- 13 members (5 youth/ young adult)
- Link between public health practice & communities

Accreditation: Raising the Bar

- Re-establish Annual Staff Training Schedule
 - Evidence of professional development plans in annual performance evaluations*
 - Revisit Workforce Development Plan*
- Evaluate What's Needed to Finish
- Expedite Accreditation
 - Site visit to occur in 2019*
- 140 Local Health Department review (August 2019)



Partnerships: Collaboration

- Maintain Existing, Create New
 - *Create master list of partnerships across divisions*
- Funded & In-kind
- Invest in Mayor & Common Council relationships
 - *Goal -Attend at least 1 event per week*

Marketing: Communication

- Positive press ratio
- Earned media
- Social media hits
- Press releases

Programs: How We Serve

- STIs/HIV
Enhance client experience and expand services
- Infant Mortality
Engagement of Lab, bring national programs to Milwaukee
- Well Woman
Enhance coordination between STI, Lab, & FCH
- Laboratory
Procurement for updated equipment
- Food Grading System
of operators with B or higher
- Immunization Coordination

Other 1st Year Goals

- Staff performance & recognition
 - Increase trust, value, & support
- Diversify leadership and staff
- Logic Models for all programs → measures!
- Finalize Policies & Procedures
- Community & Partner Events Calendar
 - Increased MHD engagement
- Invest in a fully functional data dashboard
 - Monthly reports
 - IT Strategic Plan

2nd Year Goals

- MHD-wide salary study
- Complete personnel files
 - performance goals
 - coaching plans
 - up to date on required training (both general & program specific)
- Sustainability/Succession Planning
- Cross Training
- Credentialing
- Open data
- Website overhaul
- Logo and rebranding- community informed
- Social media and marketing plans



Questions?

And now onto the Lead Program update...

City of Milwaukee Health Department

Lead Poisoning Prevention Program Status Update



Steering & Rules Committee

November 16, 2018

Key Takeaways

- The program is **working diligently to implement various work plans** it established to ensure that an infrastructure is in place to serve families thoroughly and efficiently.
- Families should have a **high level of confidence** that if their child has elevated blood lead levels, the systems are in place within the program to ensure that their **child gets the services they need**.
- If a nurse or lead risk assessor is reaching out to you, **please respond**. They want to work with you to make sure your child gets the services they need to be healthy.
- Through the 2019 budget, the program has **expanded its staff capacity** to be more aggressive in its interventions.

Goals

1. Ensure that children with an elevated blood lead level (EBLL) in 2018 and thereafter receive services in accordance with the Childhood Lead Poisoning Prevention Program's (CLPPP) intervention schedule.
2. Ensure that the CLPPP has the organizational infrastructure needed to provide services in accordance with the program's intervention schedule.
3. Lift the Department of Housing and Urban Development's (HUD) Stop Work Order issued on February 12, 2018.
4. Provide follow-up to families that did not receive proper services from the CLPPP between 2015 and 2017 (Historical Cases), as identified in the MHD's internal assessment.
5. Adequately respond to the State of Wisconsin's work plan to ensure that the program meets statutory requirements.

Systems Improvement Project
CHILDHOOD LEAD POISONING
PREVENTION PROGRAM
PROGRESS REPORT 1 | NOVEMBER 2, 2018



The Childhood Lead Poisoning Prevention Program (CLPPP) was established in 2015. The Office of Policy and Strategy and Analysis (OPSA) to temporarily provide the program with consultation and policy and data technical support. To help create a shared understanding (internal and external) of the program and its goals, this progress report was developed.

The CLPPP meet the following goals:

1. Reduce the number of children with elevated blood lead level (EBLL) in 2018 and thereafter.

2. Improve the organizational infrastructure needed to provide services in a timely manner to meet the State of Wisconsin's intervention schedule.

3. Ensure that the Department of Housing and Urban Development's (HUD) Stop Work Order is lifted.

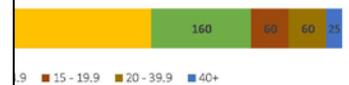
4. Ensure that children that did not receive proper services from the CLPPP are identified and receive services, as identified in the MHD's internal assessment.

5. Ensure that the State of Wisconsin's work plan to ensure that the CLPPP is successful.

Lead Levels

The CLPPP received blood lead tests, totaling 29,276 total tests. 1,100 children have lead levels ≥ 5 mg/dL through venous testing. In 2018, the CLPPP completed case management and environmental remediation associated with 102 addresses requiring environmental remediation.

Uniquely Identified Blood Lead Levels as of 10-30-18
 Unique Children Tested



Lift the Department of Housing and Urban Development's (HUD) Stop Work Order by February 12, 2018.

Objective 3.1: Complete full Lead Investigations/Risk Assessments, and required reports, for 32 properties identified in the HUD Stop Work Order by October 26, 2018.

The HUD work plan identified 32 properties from the 2016 grant that required a full lead investigation/ risk assessment. Lead Risk Assessors went to each property, conducted a full lead investigation/risk assessment, and wrote a lead investigation/risk assessment report (LIRA). Despite repeated efforts, the program has been unsuccessful in contacting two property owners.



Investigations and LIRA reports were completed for all 30 properties by October 26, 2018. 17 investigations and associated LIRA reports were completed between September 26th and October 26th. Of the 30 completed properties, 17 have been submitted to HUD for their review, 13 (of 17) have been approved by HUD and 5 (of 17) projects are complete.

Objective 3.2: The CLPPP will revise and resubmit the 2016 HUD grant narrative with revised benchmarks by December 1, 2018.

The HUD work plan requires the MHD to revise and resubmit the narrative for the 2016 grant with revised benchmarks and goals based on Lead Risk Assessors' revised, more time intensive work flow conducting environmental investigations/risk assessments and increased scopes of work. A revised narrative was submitted to HUD prior to the CLPPP being placed under OPSA. HUD found that the narrative to be inadequate and required that the city re-submit the report.



Objective 3.3: The CLPPP completes policies identified in the HUD Stop Work Order by December 1, 2018.

HUD's review of the CLPPP program identified a number of procedures that were not being completed in compliance with HUD standards or guidelines. The HUD work plan requires that the CLPPP revise 8 policies to ensure that the processes are corrected.



2012 and 2017 to

2015-2017. This process of identifying working with the

Ensure that the

5, 2018. Ensure that the department was retention was found to be

State. Need for additional staff issues as well as on the

Information is properly

Lack of systems in place added into the data platform. Documentation and data are 2.1.

Between 2012 and 2017 to

Needs for case management working with the State of

*This presentation is based on CLPPP Progress Report 1.

Goal 1:

Ensure that children with an elevated blood lead level (EBLL) in 2018 and thereafter receive services in accordance with the Childhood Lead Poisoning Prevention Program's (CLPPP) intervention schedule.

2018 Confirmed Elevated Blood Lead Levels as of 10/30/18

22,744 Unique Children Tested

100% Follow up



■ 5.0 - 9.9 ■ 10 - 14.9 ■ 15 - 19.9 ■ 20 - 39.9 ■ 40+

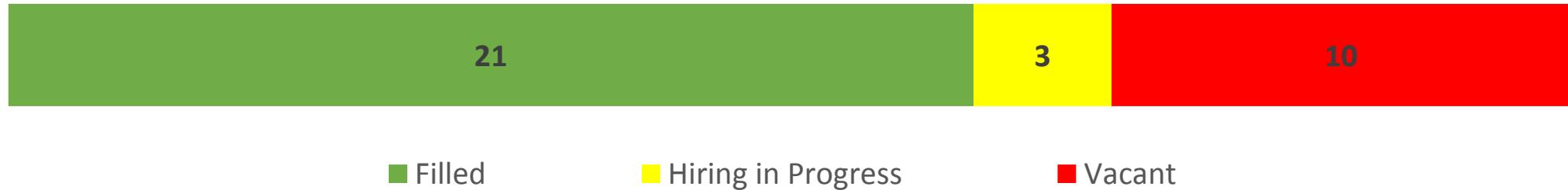
Goal 2:

Ensure that the CLPPP has the organizational infrastructure needed to provide services in accordance with the program's intervention schedule.

Key Accomplishments:

- ✓ Developed and implemented a revised program organization chart.
- ✓ Conducted a Strategic Planning Exercise with the full lead program staff and authored a report with findings.
- ✓ Created comprehensive workflows for each program component—environmental and nursing.
- ✓ Created a staffing work plan and began revising job descriptions.
- ✓ Successfully migrated to the CDC's new data collection and surveillance system.
- ✓ Created a comprehensive policy list needed for the program to operate in compliance with state statutes and rules; ensured policies were aligned with workflows.
- ✓ Worked with City Attorney's Office to develop a process to obtain a special investigation warrant to conduct lead inspections.

Objective 2.2: The CLPPP will fill critical vacancies by December 31, 2018.



*7 positions were added to the 2019 budget; 3 additional LRA positions are being added to grant budgets

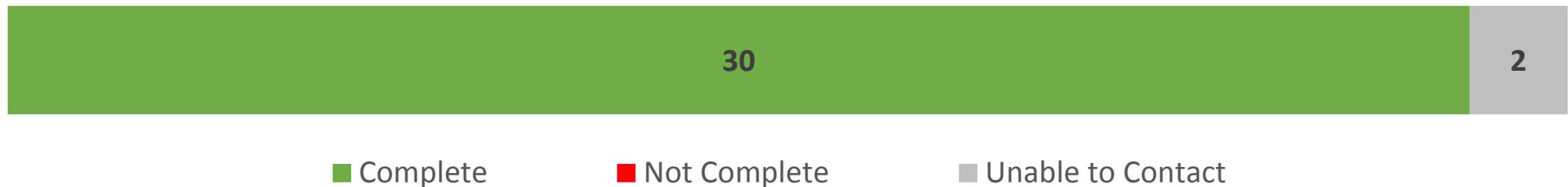
Goal 3:

Lift the Department of Housing and Urban Development's (HUD) Stop Work Order issued on February 12, 2018.

Key Accomplishments:

- ✓ Created a HUD work plan.
- ✓ Created a HUD LRA team.
- ✓ Maintain regular communication with HUD.
- ✓ Inspected 18 properties required for the SWO and produced LI/RAs for 18 properties within the first 4 weeks.

Objective 3.1: Complete full Lead Investigations/Risk Assessments, and required reports, for all 32 properties identified in the HUD Stop Work Order by October 26, 2018.



*Participation in HUD is voluntary. We were unable to contact 2 property owners.

Goal 4:

Provide follow-up to families that did not receive proper services from the CLPPP between 2015 and 2017 (Historical Cases), as identified in the MHD's internal assessment.

Goal 4

Objective 4.2: Follow up with the 112 properties that should have but did not receive a complete/satisfactory environmental investigation between 2015 and 2017 by December 31, 2020.



All children associated with these addresses have received appropriate case management referrals.

Goal 5:

Adequately respond to the State of Wisconsin's work plan to ensure that the program meets statutory requirements.

Key Accomplishments:

- ✓ Maintain regular communication with State of Wisconsin officials.
- ✓ Submitted newly proposed work plan and are reviewing appropriate case closure criteria.
- ✓ Completed required state trainings.
- ✓ Continue to write necessary policies.
- ✓ Reviewed all nursing files back to 2012.
- ✓ Reviewing environmental investigation files.
- ✓ Finalized the Intervention Schedule Policy required for basic program function.

Objective 5.1: Revise the CLPPP's intervention schedule by November 5, 2018.

Think Health Act Over
MILWAUKEE HEALTH DEPARTMENT

Intervention Schedule

Effective Date: November 1, 2018

Program area:
This policy applies to all personnel within the Lead Poisoning Prevention Program.

Policy:
It is the policy of the City of Milwaukee Health Department (MHD) to provide interventions to children under 6 years old who have blood lead levels (BLL) greater than or equal to 5 µg/dL. The following table outlines the MHD's intervention schedule:

LEVEL	TEST TYPE	INTERVENTION
<5 µg/dL	All	No intervention.
5 to 9 µg/dL	Venous	Letter with test result and educational materials mailed to family.
	Capillary	Letter with test result and educational materials mailed to family. Letter includes recommendations for venous (confirmatory) testing.
10 to 14.9 µg/dL, or 15 to 19.9 µg/dL (unless two venous results that are drawn at least 90 days apart)	Venous	Letter with test result and educational materials mailed to family. Letter includes recommendations for repeat testing if 15-19 µg/dL.
	Capillary	Letter with test result and educational materials mailed to family. Letter includes recommendations for venous (confirmatory) testing.
20 to 39.9 µg/dL* (unless two venous results that are drawn at least 90 days apart*)	Venous	Letter with test result and educational materials mailed to family. A Public Health Nurse provides case management services to the child. Services include education, home visit(s), growth and development assessments, and ongoing monitoring of the child until meets case closure criteria.
	Venous	A Lead Risk Assessor inspects the child's home for lead hazards. Letter with test result and educational materials mailed to family. A Public Health Nurse provides case management services to the child. Services include education, home visit(s), growth and development assessments, and ongoing monitoring of the child until meets case closure criteria.
≥40 µg/dL	Venous	A Lead Risk Assessor inspects the child's home for lead hazards. Letter with test result and educational materials mailed to family. A Public Health Nurse provides case management services to the child. Services include education, home visit(s), growth and development assessments, and ongoing monitoring of the child until meets case closure criteria.
	Capillary	A Public Health Nurse provides case management services to the child. Services include education, home visit(s), growth and development assessments, and ongoing monitoring of the child until meets case closure criteria. A home visit is attempted if the family cannot be reached by phone.

*The Stat. 254.11 requires that an environmental risk assessment be provided to all children with an elevated blood lead level (EBLL). State Statute defines an EBLL as one venous BLL ≥20 µg/dL, OR two venous BLLs ≥15 µg/dL that are drawn at least 90 days apart. The MHD's Consolidated Contract with the State of Wisconsin requires that the department provide nursing case management services at the State definition of EBLL.

It is also the policy of the MHD to provide the above services, with the exception of sending a Lead Risk Assessor to inspect the home for lead hazards, to individuals between the ages of 6 and 15.99 years old. However, when caseloads are high, priority should be given to children under 6 years old.

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Intervention Schedule

for Disease Control and Prevention (CDC) established a new reference value for a child's blood lead level (BLL). The CDC also published recommendations for actions based on the new reference value. Children with BLL ≥5 µg/dL should receive some level of intervention to reduce their blood lead level. This policy establishes the MHD's intervention schedule, which is informed by the CDC and the Wisconsin Department of Health Services recommendations. This policy does not include procedures on how to conduct blood lead testing.

Intervention Schedule

Intervention schedule for children with blood lead levels greater than 5 µg/dL:

- Initial intervention schedule 2
- Repeat intervention schedule 2
- Follow-up intervention schedule 2

Policy:
The minimum level of interventions provided to children under the age of 6 who have blood lead levels greater than 5 µg/dL is:

- For children with blood lead levels between 5 and 9 µg/dL, a letter with test result and educational materials mailed to family.
- For children with blood lead levels between 10 and 19.9 µg/dL, a letter with test result and educational materials mailed to family, and a venous (confirmatory) blood test.
- For children with blood lead levels between 20 and 39.9 µg/dL, a letter with test result and educational materials mailed to family, a venous (confirmatory) blood test, and a home visit.
- For children with blood lead levels ≥40 µg/dL, a letter with test result and educational materials mailed to family, a venous (confirmatory) blood test, a home visit, and a Lead Risk Assessor inspection of the child's home for lead hazards.

Review:
This intervention schedule will be reviewed and updated as needed. The most recent version of this intervention schedule is posted on the MHD's website.

Page 2 of 3

Intervention Schedule

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Page 3 of 3

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Thank You

Prepared by the City of Milwaukee Health Department
Office of Policy, Strategy, and Analysis