

October 27, 2023

**TO:** Ald. Marina Dimitrijevic, Chair  
Members, Finance & Personnel Committee

**FROM:** Michael F. Totoraitis, Commissioner of Health

**RE:** 2024 Proposed Budget hearing follow-up items

Madam Chair, and Honorable Committee members:

Thank you for your attention, insights, and questions at the Committee's hearing on the 2024 Proposed budget for the Milwaukee Health Department on October 13.

This memo provides summary responses and other follow-up information requested by the Committee and Legislative Reference Bureau.

As always, please don't hesitate to contact me with any questions about the 2024 budget, the Department is ready to provide the information you need to assist you in your deliberations and decisions around the 2024 budget.

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Regarding the Chair's request for MHD's action items to participate and support the goals of the City's Climate Equity Plan:

*Please see accompanying memorandum from the Commissioner outlining MHD's Climate and Equity Plan Actions.*

Regarding Ald. Coggs' and Ald. Chambers' requested clarification on the status of funding for the City ARPA-funded lead project:

*Please see the accompanying memo on status of project funds and a timeline of allocations and spending, as heard in Common Council File Number 221865 at the Public Safety and Health Committee meeting on October 19, 2023.*

Regarding the Chair, Ald. Murphy, and Ald. Chambers' request for a breakdown of the full cost of lead abatement work and cost per unit, as well as additional costs:

*As MHD receives and reimburses costs to Habitat For Humanity, Revitalize Milwaukee, and the Social Development Commission, we will continue to track the cost per unit and overhead costs for each partner.*

*Administrative cost per unit varies by partner, generally influenced by time spent: hiring, onboarding/training, coordinating owner/tenant enrollment, verifying homeowner's insurance/tax records, planning Lead Inspections, writing Scopes of Work, coordinating contractor bids, worksite monitoring for quality and regulatory compliance, relocation planning, work verification, clearance scheduling, lab coordination, data management, financial management, and communication with MHD on joint-projects.*

*As mentioned at the Budget hearing and the hearing on CCFN 221865 on October 19, our community partners are creating or growing their capacity, and gross costs may reflect higher overhead as a function of that start-up phase. This right-sizing of partner efforts is a critical and unavoidable part of expanding capacity and financing for lead hazard reduction work in Milwaukee.*

*We will continue to keep the Council up to date on spending via CCFN 221865, and welcome additional discussions on the cost and capacity of our lead abatement partnerships.*

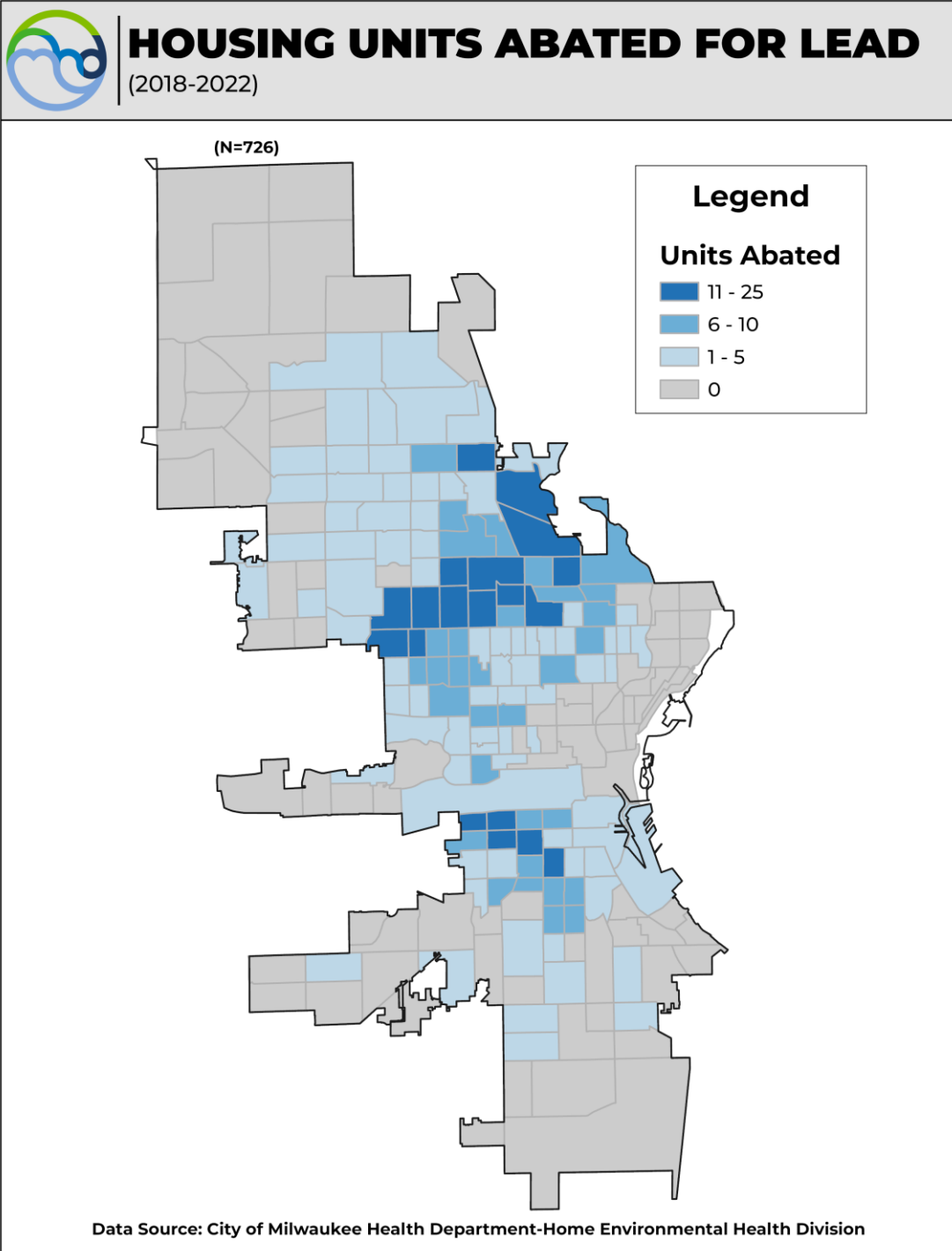
Regarding the Chair and Ald. Murphy's request for a count of lead-affected (built pre-1978) properties vs. those previously mitigated by health, imputed count of how many remain, and heat maps and other visualizations for work done through the ARPA Lead Hazard Reduction project:

*From 1997 to 2017, MHD CLPPP provided a lead-safe clearance for 18,148 unique housing units. For reference, a duplex counts as two housing units, and a single-family home is one unit. This includes units done as part of EBL investigations, primary prevention projects, CDBG or other monitoring projects, and other permitted lead abatement work.*

*It is important to note that processes and standards for referrals, abatement, and clearances changed during this time as science and evidence around lead hazards advanced and standards and directives from State and Federal agencies evolved.*

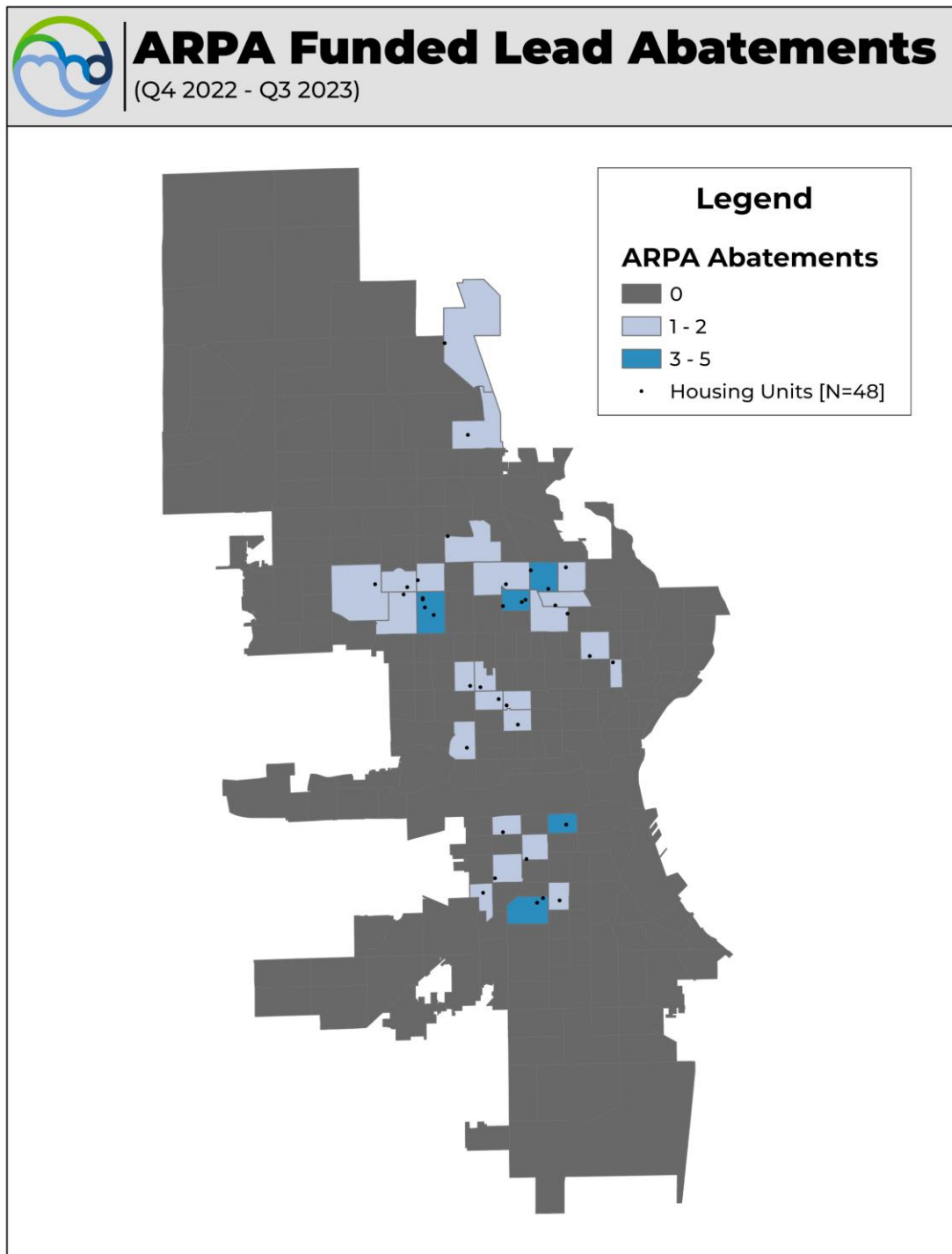
*From 2018 to 2022, MHD CLPPP provided a lead-safe clearance for 726 unique units, meaning the work done on the property reduced lead hazards to the standard set by the State of Wisconsin and the U.S. Department of Housing & Urban Development.*

*The map on the following page shows the density of properties abated throughout the City. It should be clear from the map that the Health Department's work continues to focus on areas of highest prevalence for childhood lead poisoning.*



Updated: 10/30/2023

The map of ARPA-funded abatements conducted since 2022 is below:



*An estimate of lead-safe properties in Milwaukee is difficult to generate, partly due to changing standards and definitions of lead-safe since the City of Milwaukee launched the CLPPP over 30 years ago. Current data shows that approximately 200,000 of the City's approximately 250,000 housing units were built before 1978, and thus have some risk of lead hazards.*

*Lead has been used as a construction material, fuel additive, and for hundreds of other purposes by humans for thousands of years, all over the world. Similar to asbestos, radon, or other environmental hazards, removing all potential sources of lead from the built environment is nearly impossible.*

*The Health Department and public health practitioners continue to emphasize that parents and communities concerned about lead poisoning continue to take simple steps to reduce lead poisoning: ensure every child under 6 is tested for lead at annual check ups, provide information and education for families and property owners on identifying and mitigating lead hazards, and provide prompt and supportive responses for families when children are found to be lead-poisoned.*

*Abatement of lead hazards and enforcement of lead hazard laws are just two of the many approaches required to continue Milwaukee's progress in eliminating lead poisoning.*

Regarding the Chair and Ald. Coggs' request for plans and steps to engage private, philanthropic, and other funders to encourage more lead hazard abatement and third-party funding:

*The table below summarizes some of the funding pathways utilized nationally that can be considered models to adapt or starting points for a Milwaukee community funding effort. As discussed on October 13, developing a community-wide funding partnership to reduce lead hazards will require ongoing conversations with potential funders and partners.*

*Each city or region highlighted below has a unique set of factors that support broad-based funding. Any approach for Milwaukee will need to reflect our community's unique context. The Health Department is pleased to be taking the first steps toward diversifying funding and expanding access to lead hazard reduction funding. MHD will continue to work with the Mayor and Council to develop and realize innovative funding models and build a coalition of funding partners.*

Funding Pathway	Description of Next Steps	Examples	Stakeholders to Engage	Domain	Timeframe	Scalability
1 CHIP HSI	Expand policy to broadly cover health and safety remediation	n/a - WI would establish precedent	Wisconsin DHS (Medicaid Office)	Policy	Medium term	High (establishes reimbursement pathway)
2 Medicaid	Pursue 1115 waiver for ILOS or HRSN services	CA, MA, OR, NY	Wisconsin DHS (Medicaid Office)	Policy	Medium-long term	High (establishes reimbursement pathway)
3 Philanthropic Home Repair Fund	Raise flexible grant funding	Detroit, MI	Local, State, National Philanthropy	Fundraising	Short-medium term	Medium (continued fundraising required)
4 Healthy Homes Fund	Capitalize healthy homes fund for grants/loans for property owners	MI	Wisconsin DHS	Policy, fundraising	Medium term	Medium (continued fundraising required)
5 Hospital Community Benefit	Engage hospital systems for home repair investment	Lancaster, PA; Cleveland, OH	Local Hospital Systems	Fundraising	Medium term	Medium (continued fundraising required)
6 Health Plans	Develop contracts for direct payment for home repairs	Priority Health (MI), Blue Cross NC, Affinity by Molina (NY)	Local Health Plans	Fundraising, contracting	Short-medium term	Medium (in absence of overarching state policy)
7 Inflation Reduction Act	Process flow planning, client and contractor education/training	n/a - national roll out	Public Service Commission of WI, Milwaukee stakeholders	Implementation	Short term	Medium-High (one-time infusion)
8 Bipartisan Infrastructure Law	Implementation planning for increased WAP funding	n/a - national roll out	Public Service Commission of WI, SDC	Implementation	Short term	Medium-High (one-time infusion)

Regarding Ald. Chambers' request for expenditures for relocation of families during ARPA-funded lead abatements:

*Average Cost of Relocation Per Partner:*

- o Milwaukee Habitat for Humanity: \$1,093.08
- o Revitalize Milwaukee: \$1,902.00
- o Social Development Commission: \$2,975.77

*The SDC costs includes several exceptionally intensive projects with higher relocation costs due to the duration of the abatement work.*

*The Health Department holds a contract with Community Advocates to provide relocation services for families whose homes are undergoing lead hazard reduction or abatement funded by HUD, CDBG, or City funded sources. MHD is glad to report that families served are no longer housed in hotels during the renovation period, but fully equipped residential units, to sustain their sense of home and togetherness during abatement work.*

Regarding the Chair's request for key steps and barriers to incentivizing primary care physicians to test for lead, increasing outreach, and involving schools:

*According to the Centers for Medicare & Medicaid Services (CMS), all children eligible for Medicaid are considered at high risk for lead poisoning. That risk factor is the basis for a Federal rule requiring children enrolled in Medicaid to receive blood lead testing. The rule is part of the program's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT, also known as 'HealthCheck') services.*

*The Wisconsin Medicaid Program works with the Wisconsin Childhood Lead Poisoning Prevention Program (WCLPPP) to collect data on blood lead testing and lead poisoning among children in Medicaid. Despite the testing requirement, the data show that many Wisconsin children enrolled in Medicaid are not tested at the correct ages. The Health Department works with WCLPPP with outreach to Milwaukee practices to understand barriers and missed opportunities when age-appropriate blood lead testing is missed.*

*The Health Department worked extensively with Children's Wisconsin in development of a "Pediatric Integrated Lead Care Management Program" which includes a "Lead Care Management Guideline" co-authored by Children's Wisconsin, Wisconsin Poison Center and the Milwaukee Health Department (HEH Program). This program optimized the Epic Electronic Health Record as a foundation registry that can apply to lead poisoning while providing care management metrics specific to identifying and addressing care gaps. Lead poisoning education is built into the child's record so every person working with the family within the Children's WI system provides consistent education. Monthly clinical case conferencing with Children's Medical Group and Sixteenth Street Community Health Centers are examples of enhancing the health system to assure timely testing, required follow up appointments, results of developmental assessments, referrals to specialty care and home lead hazard identification and abatement progress.*

*Chorus Community Health Plans (CCHP) is a part of Children's Wisconsin which serves a large group of Medicaid participants. Work is being done to include childhood blood lead testing in many of the provider network contracts. This is an area of opportunity for community-wide convening and collaborating.*

*MPS "Head Start" program that serves the target age group of children 6 and younger at risk for lead poisoning, currently have blood lead screening as part of the child's health screening requirements at enrollment (K-3 & K4). MPS also has access to the Wisconsin Blood Lead Registry to check on a child possible lead poisoning history for individual education plans.*

Regarding Ald. Coggs' question on the City's legal ability to place additional requirements on landlords renting out properties in need of lead abatement, and the City's ability to put a property on the voluntary lead-safe registry if abatement is done by the City:

*The City could attempt to limit an owner's ability to rent out properties with lead hazards by placing a "keep vacant" order on the properties when vacated, and requiring owners to obtain an occupancy permit with a sign off by the Health Department to re-occupy. The City could require the landlord to provide the tenant a lead disclosure document prior to re-occupancy once a property is known to have lead hazard orders issued. This gives prospective tenants the opportunity to make informed choices about housing options.*

*Mandating landlords to register their property with the city as lead safe will require legal analysis to understand potential conflicts with current State law. Currently Federal funding from HUD and ARPA do not require a lead safe registry, nor does the State. The Health Department would need both legal authority and an agreement or order to require owners to place their properties on the lead safe registry for MHD-funded lead abatement projects and the City Attorney's approval of such language.*

*The Health Department agrees that the Lead Safe Registry is one tool to ensure maintenance standards in regards to lead hazards are met. The Lead Safe Registry is a positive incentive for landlords and property owners to take on lead abatement, however without legal authority, MHD cannot place a property on the registry without the owner's consent or a binding agreement with the owner.*

Regarding Ald. Coggs' question on working with the Board of Zoning Appeals (BoZA), home day cares, licensed day cares to increase blood lead testing:

*Family daycare homes (home-based day care) and commercial daycare centers (licensed day cares) are regulated by the City's zoning code and the Department of Children and Families (DCF). The City's authority is limited to appropriateness of use, operating plans, and signage provisions, as administered by BoZA.*

*The Health Department appreciates Ald. Coggs' suggestion of leveraging BoZA as a point of education and engagement with licensed child care providers. The Department's view is also that zoning code and zoning enforcement is poorly suited to increasing childhood lead testing. As referenced above, child care providers are a key partner in assuring testing of children under 6, and MHD will continue to explore those partnerships to increase testing.*

*The Health Department is in conversations with the Wisconsin Department of Children and Families, the agency which licenses and regulates child care facilities, on how to better identify facilities with lead hazards and involve MHD in remediation efforts. The Health Department is actively providing water testing to all licensed commercial day care facilities through the Water Infrastructure Investments for the Nation (WIIN) grant approved in CCFN 221138, which will continue for 2023-24.*

*The WIIN program has MHD collect water samples at licensed facilities for testing by the State, and provides for a State-contracted and paid plumbing contractor to mediate lead hazards when they are found. Both home-based day cares and commercial day care centers are also eligible for HUD lead abatement grant funding.*



Regarding the Chair and Ald. Coggs' questions on the lead testing of properties in the targeted rental inspection program, and testing for lead hazards in City-owned homes:

*State law (as enacted in 2015 WI Act 176 and further 2017 WI Act 317) limits local governments from creating a targeted rental inspection program and restricts the amount of fees charged by municipalities. Inspection of a rental property is limited to circumstances in which:*

- *A specific complaint is made about the property, or*
- *The inspection is part of a program of regularly scheduled required State or Federal law, such as fire inspections or annual inspections for 4+ unit residential buildings*

*State law also provides that inspection programs targeted to a particular geography must apply to all owners within that geography, regardless of owner-occupancy. State law also now prohibits further inspections of rental property for five years after any inspection not prompted by a complaint, hindering future enforcement capacity.*

*The limitation on fees charged for habitual and longstanding code violations places the cost of targeted inspection programs on the City and local property taxpayers. The cost and equity implications of targeted enforcement programs under current law make those programs prohibitive.*

*The Health Department will continue to seek ways to equitably enforce accountability for lead hazards and housing quality. State law currently allows for targeted enforcement of "habitability violations". The term "habitability violation" is not clearly defined and may or may not include lead hazards. The Health Department is seeking legal clarity on how habitability violations may be defined to include lead hazards.*

*MHD is partially involved in inspections of City-owned properties managed by the Department of City Development (DCD). MHD reviews pending tax foreclosures and advises DCD which have lead orders. For occupied properties coming into City ownership with Health Department lead orders, DCD will carry out the remediation.*

*When the City takes ownership of a property via tax foreclosure without lead orders from MHD, an inspector from the Department of Neighborhood Services' Neighborhood Improvement Program (NIP) conducts a lead inspection on the property. NIP inspectors are lead-certified, and if the NIP inspector finds hazards in occupied homes without MHD issued lead orders, DCD hires a contractor to remediate the areas in a lead safe manner (renovation). If the work is extensive, DCD will pay for relocation and permitted lead abatement.*

*For unoccupied properties, DCD will advise the owner of the lead orders as part of the sales and closing process, so the buyer understands their responsibility to address orders and remediate lead hazards on purchase. DCD also provides all required Lead-Safe disclosure materials to occupants of City-acquired properties and installs a faucet*

*mounted water filter if the property has a lead service line. For sales of vacant City-owned real estate, DCD offers lead loans for lead abatement and provides all required lead disclosures at the time of sale.*

Regarding the Chair's question on how to incentivize early testing of properties before a child is lead poisoned:

*State law and HUD rules have a "presumption" element applied to any property built before 1978, when the Consumer Product Safety Commission banned the use of lead-based paint in residential properties. All homes built in the United States before 1978 are presumed to have some degree of lead hazards, including lead-based paint or finishes, and disclosure of lead hazards in those homes is required by law for sellers and landlords.*

*Prior MHD communications to Council ([CCFN 171510](#) on April 6, 2018) and current data show that the number of pre-1978 properties or properties with lead service lines do not necessarily translate into increased levels of lead poisoning. Public health research and Milwaukee's data shows that lead poisoning is inequitably distributed and correlates with income, race, and factors like housing quality and frequency of changes in housing.*

*Thorough assessment of lead hazards in any property is one valuable tool in preventing lead poisoning, combined with recommended testing of children under 6 for lead poisoning and education for landlords, homeowners, and parents. The Health Department agrees and is supportive of finding more and new ways to abate and reduce lead hazards and empower families with knowledge and advice on how to prevent lead poisoning.*

*Currently, assessment of properties for families of children tested and found to have elevated levels of lead is free of charge. Soil testing, including testing for lead and other toxins, is available to the public at a modest cost through UW-Extension and the MHD Lab.*

*The Health Department, as part of developing community funding solutions, is examining several approaches to increase assessments and hazard reduction.*

Regarding the Chair and Ald. Murphy's questions on many homes have been ordered to abate lead, the cause of action, and compliance with the increased reinspection fee:

- 2023, 344 orders issued (to October 13, 2023)
- 2022, 343 orders issued
- 2021, 311 orders issued
- 2020, 200 orders issued (volume decreased due to COVID pandemic)
- 2019, 331 orders issued

*Orders above were all issued on properties over the last 5 years where a child has been identified with an elevated BLL (Blood Lead Level). Milwaukee Health Department primarily receives property referrals through the Wisconsin Department of Health Services' (DHS)*

*state shared database system Healthy Homes and Lead Poisoning Surveillance System (HHLPS) which is monitored daily by MHD Home Environmental Health staff.*

*In most circumstances, it is not uncommon for a single home to have combinations of interior, exterior, and other hazards. Orders issued for lead hazards have 30-day due dates. Exterior orders issued after Oct. 1 have due dates of May 31, the following year, accommodating inability to do exterior work in winter.*

*MHD recently reviewed and realigned the enforcement process, in partnership with the City's Municipal Court, to make it more meaningful, consistent, and effective. The new enforcement approach began late summer 2023, issuing reinspection fees on Orders of non-compliant property owners and requesting Court issued orders to abate hazards, as well as continuing to bring owners into Court as a check on compliance. Although there is not yet enough data to show the anticipated impact, MHD believes the data will show marked improvement in outcomes for enforcement actions.*

Regarding the Chair's request to explore a communication/ PSA/ announcement for people to check the status of their MMR vaccine:

*The Department is working with DHS and the CDC to understand the use for the additional doses that were distributed for the case response. There are financial limitations to how the additional doses can be administered. Once the department has a better understanding of how we can distribute it we will re-connect with the Chair to talk through communication. MHD has already worked with trusted community partners to distribute the message for the target population. Additionally, other healthcare partners are promoting similar messages to ensure children are up-to-date.*

Regarding Ald. Murphy's question on the staffing arrangement for the Domestic Violence & Sexual Assault Task Force, and how they will stay in the loop on use of the Special Fund (R387) moved to DOA in 2024:

*To sustain and support the future work of the Office of Community Safety & Wellness, a memorandum of understanding (MOU) between the Health Department and the Department of Administration is being drafted. One provision of the MOU is that the commission is staffed by DOA as part of the move. Staff from the Office of Community Wellness and Safety is communicating with the Commission on Domestic Violence & Sexual Assault. Director Ashanti Hamilton can provide additional information to the Committee on request regarding discussions with the Commission on staffing and funding.*

Regarding Ald. Spiker's request for information relating to the move of (formerly) OVP to DOA:

*The move is going ahead as planned and envisioned in the Mayor's 2024 Proposed Budget. Position authority and funded accounts in the City budget will move with on Adoption of the 2024 budget. Separate Council actions transferring grant accounts and balances from the Health Department to DOA effective January 1, 2024 will be brought for hearing in the*

*November 21 Council cycle. OVP staff are already working under the direction of DOA Director Cole.*

Regarding Ald. Murphy's request for next steps in the overdose/substance misuse plan:

*MHD will be issuing the RFP for strategic planning and alignment for the region's approach on substance misuse planning for the litigation funds by the end of 2023. We are also supporting the work on a messaging campaign, and are under contract with a provider to expand availability of sober living beds. The Health Department will prioritize prompt hiring of a strategist to replace departed staff and assure continuity of effort. MHD will also incorporate two of the City-County Task Force's priorities of policy and surveillance work into the planning for substance misuse and how it relates to the first five-year plan for the litigation funds. MHD has also been invited to join a review panel for Milwaukee County's litigation funds, which will help support regional unity in response and action.*

Regarding Ald. Murphy's request for data on rates of congenital STIs:

*MHD will be issuing a new STI brief later this year. They will ensure Ald. Murphy receives a briefing when the report has been completed.*

Regarding Ald. Murphy's request to work with retail food licensees and operators to further enhance and continue to improve the City's food grading system:

*At this time, one recommendation is to secure more time to understand the dynamics of the system. The Food Sanitation Grading System went into effect in 2018. Roughly 3 years of the near 6 years of data has been touched by external pressures of COVID. However, here are key highlights:*

- *MHD has seen a -3% decline in priority violations since the grading system was piloted in 2018.*
  - *There has been a -7% reduction in priority violations for High-Risk facilities*

*MHD is pleased to see the lower number of violations in complex operations with higher risk. More time is needed to appropriately assess the impacts of the policy, given the tremendous disruption and changes in hospitality since 2020.*

*Regarding collaboration with operators, overall, the feedback from operators has been positive while on inspections. A broader feedback survey may be helpful to gather more quantifiable data for future considerations as we consider updates to the system.*

*MHD will also explore the range for the grades as they are rather broad currently. Tightening grades may affect businesses overall score, and impact on compliance and customer perception as well as vendor feedback will be important factors in those decisions.*

Regarding Ald. Murphy's request to explore enhancing our partnership with UW-M and the School of Freshwater Sciences for online beach monitoring:

*MHD continues to contract with the Miller Laboratory at the UW-Milwaukee Zilber School of Public Health and School of Freshwater Sciences to provide routine sampling at Milwaukee area beaches and other key recreational locations. Multiple, spatially separated water samples are taken at each site and pooled into a single composite sample to integrate spatial variability. Samples are taken 3-5 days a week on weekdays at the beaches and delivered to the Milwaukee Health Department Laboratory.*

*Goals of the partnership with the Miller Laboratory and collaboration with other partners at the UW-Milwaukee School of Freshwater Sciences is to provide more timely forecasts of water quality. Nowcast modeling and real time polymerase chain reaction (quantitative PCR, qPCR) have been used in the past to provide same day results to inform water quality postings. Nowcast modeling was set back when the Environmental Data Discovery and Transformation Service (EnDDaT) was deprecated and no longer providing data.*

*The UW-M partnership also provides valuable opportunities for field work for public health and lab students, providing valuable field experience and connecting them with potential future careers with MHD.*

*Real-time data being collected through deployment of a buoy at Bradford Beach includes weather (air temperature, wind speed/direction, humidity, solar radiation, precipitation), dissolved oxygen, photosynthetic active radiation, turbidity, water color, wave height/direction, water temperature by depth, thermal stratification and stability, and chlorophyll-a fluorescence. This data is displayed [here](#).*

*Continued work on implementing steps toward real time monitoring include use of buoys and other sources of data to incorporate into new models. Those models need to be built and reliable methods for gathering data driving the models needs to be generated. Our goal is to be able to run the models several times per day in an automated fashion for real time water quality postings.*

*MHD will be transitioning to a PCR test from a culture-based method in 2024, providing same day results to inform beach posting decisions and validation of modeling efforts. The Lab has also begun to work with the EPA to obtain approval for use of the real-time testing methods in the new year.*

Regarding Ald. Coggs' and Ald. Chambers' requests for positions that were eliminated from MHD:

*Correspondence was shared directly with both Coggs and Chambers specific to the Chief of Staff position.*

Regarding Ald. Murphy's and Ald. Spiker's request for performance and outcome data:

*As performance management begins to take shape within the department, MHD leadership will work with each program to ensure they understand the difference between performance and outcome data. MHD is committed to using evidence based programming and good data to inform decision making.*