Audit of the Milwaukee Health Department Childhood Lead Poisoning Prevention Program

Final Report Presentation

Milwaukee Common Council

Steering and Rules Committee

June 22, 2020

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We improve public health and population health practice to support healthier communities.

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The PHF Lead Poisoning team bios are provided in Appendix A

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Overview

- Lead Poisoning in Milwaukee
- Audit Scope and Methodology
- Analysis and Conclusions Regarding the Historic CLPPP, 2012-2017
- Current State of the CLPPP
  - Findings
  - Observations
  - Recommendations

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Lead Poisoning in Milwaukee

- Milwaukee averages over 2,500 positive childhood blood lead tests each year (tests over 5 ug/dL)
- Over 100 cases each year are considered “elevated blood lead levels”
- Wisconsin Statute Chapter 254 defines “elevated blood lead levels” as:
  - *Twenty or more micrograms per 100 milliliters of blood, as confirmed by one venous blood test, or,*
  - *Fifteen or more micrograms per 100 milliliters of blood, as confirmed by 2 venous blood tests that are performed at least 90 days apart.*

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Lead Poisoning in Milwaukee

- Lead paint and household dust are the primary sources of lead poisoning for children
- Lead poisoning consequences are severe, including:
  - Reduced brain development
  - Poor academic achievement
  - Behavioral issues
  - Learning disabilities
  - Juvenile delinquency
  - Gun violence

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Wisconsin Blood Lead Screening Recommendations

Recommendations for the cities of Milwaukee and Racine	
Age	Recommendation
Under 3 years	Test around 12 months Test around 18 months Test around 24 months
3 - 5 years	Children enrolled in Medicaid, WIC or uninsured: Test around 36 months Test around 48 months Test around 60 months
	Any child: Test if no record of prior test Test if lives in house built prior to 1978 with recent or ongoing renovations Test if child has sibling or playmate with lead poisoning Test if lives in a house built before 1950 (Racine only)

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PHF Scope

- Review and assess Milwaukee Health Department Childhood Lead Poisoning Prevention Program (MHD CLPPP) from 2012 through 2019
- Provide status and progress on previously issued reports:
  - Milwaukee Health Department (Appendix B)
  - U.S. Housing and Urban Development (Appendix C)
  - Wisconsin Department of Health Services (Appendix D)
- Identify current standards, benchmarks, and model practices
- Make recommendations for program improvements

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Audit Methodology

- Identified and reviewed:
  - Governing statutes, regulations, ordinances, and codes
  - Standards and guidelines from CDC, HUD, WI DHS, PHAB
  - Peer-reviewed literature
  - Standards from other jurisdictions
- Reviewed MHD CLPPP policies, procedures, practices, case files
- Conducted in-person meetings and conference calls with MHD CLPPP staff, HUD, WI DHS, WI DOJ, CDC, Milwaukee City Attorney's Office
- Reviewed other documentation such as meeting minutes, agendas, notes, and reports

List of items reviewed provided in Appendix E

Case Review Methodology Supplemental provided in Appendix F

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Analysis and Conclusions Regarding the Historic CLPPP, 2012-2017

- 491 children tested at or above the state statute definition of an elevated blood lead level
- Program failed to adhere to state statute and administrative code
- Program was out of compliance with funder requirements
- Overall, insufficient response to children with lead poisoning

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Factors contributing to the deterioration of the program

- Limited quality assurance, monitoring, or oversight
- No ongoing internal or external programming auditing
- Minimal training materials and orientation manuals for new staff
- Lack of written policies
- Procedures followed were inconsistent and relied on word of mouth
- No team meetings or regular review of elevated blood lead level cases
- Lack of overall health department policies and procedures for employee performance management, discipline, and accountability
- Wide variability in how different personnel performed the same job duties
- No supervision or inconsistent supervision of CLPPP staff
- Poor recordkeeping and documentation practices
- Inconsistent housing abatement decisions with no demonstrated prioritization of children with lead poisoning
- No culture of quality improvement, or training/focus on continuous improvement

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Current State of the Program

- Significant improvements in 2018 and 2019
  - Updated, aligned intervention schedule
  - Written orientation documents, policies, and procedures
  - HUD Stop Work Order and High Risk Designation lifted
  - PHF case review showed major improvements in documentation
  - Preliminary data indicated decreased time to property abatement

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Current State of the Program

- Rebuilding a large, complex program such as the MHD CLPPP takes time
- PHF has identified four findings and five observations, and provided 17 recommendations for continued improvement
  - *Finding:* A program deficiency based on a statute, policy, code, or funder requirement.
  - *Observation:* A noted issue or concern that is not based on a regulatory or program requirement.
  - *Recommendation:* An improvement opportunity or suggestion from the PHF team.

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

- Case file is a legal document of care provided by MHD CLPPP
- Recordkeeping did not adequately or consistently reflect all activities that occurred or were occurring with an elevated blood lead level case
- Insufficient documentation to assure compliance with Wisconsin Statute 254, Wisconsin Administrative Rules 163 and 181, and funder requirements

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

- Several items outstanding from the 2018 WI DHS audit
  - Inadequate recordkeeping and documentation
  - Not all required written policies and procedures adopted and implemented
  - Follow-up not conducted for all historic cases
  - No assurances of case follow-up for new cases
- In Wisconsin, local health departments act as agents of the WI DHS, and carry out the responsibilities required under Wisconsin Statute 254 and Administrative Rule DHS 163

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

- MHD Policy 300-637, effective January 1, 2019, Processing Reported Elevated Blood Lead Levels and Referrals for Case Management Services
- New cases are to be reviewed and assigned within 24 hours
- Most cases took longer
  - Median: 3 days
  - Average: 18 days
  - Range: 0-142 days

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

- In PHF's review, case assignment did not consistently adhere to these timeframes

Blood Lead Level (ug/dL)	MHD Policy for Case Assignment	Actual MHD Timeframe for Case Assignment
15-19.9	Within 48 hours	5 days
20-39.9	Within 24 hours	2-5 days
40 or higher	Immediately; within four hours	2-5 days

*Does not include cases with missing case open dates

**MHD does not follow-up on cases under 15 ug/dL

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

- In PHF's review, follow-up did not consistently adhere to these timeframes

Blood Lead Level (ug/dL)	MHD Policy for Environmental Investigation	Actual MHD Timeframe for Follow-up
15-19	With 2 weeks	12 days
20-44	Within 1 week	2-54 days
45-70	Within 48 hours	6 days
70 or higher	Within 24 hours	1 day

*Does not include cases with missing environmental risk assessment dates

**MHD does not follow-up on cases under 15 ug/dL

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Observations

- Noted issues or concerns that are not based on a regulatory or program requirement.

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Observations

- *Observation 1: Documentation and surveillance systems are inefficient and ineffective.*
- *Observation 2: Children being treated for elevated blood lead levels do not always have access to lead-safe housing.*
- *Observation 3: There is a lack of clarity for budget oversight and accountability.*
- *Observation 4: Medicaid is not being fully billed for Medicaid-eligible services.*
- *Observation 5: There is some uncertainty in the completeness of risk assessments.*

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Recommendations

- Improvement opportunities or suggestions from the PHF team.

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Recommendations

- *Recommendation 1: Case management*
  Recommendation 2: Regular case reviews
- *Recommendation 3: Letters and educational materials*
- *Recommendation 4: Self-auditing*
- *Recommendation 5: Periodic performance audit*
  Recommendation 6: Feasibility of MHD policies
  Recommendation 7: Staffing models
- *Recommendation 8: Retention strategy for staff*
- *Recommendation 9: Ongoing staff training*
- *Recommendation 10: Child's health care providers*

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Recommendations

- *Recommendation 11: Lead screening rates*
- *Recommendation 12: Oversight across agencies*
- *Recommendation 13: "Lead Court"*
- *Recommendation 14: Public lead hazards registry*
- *Recommendation 15: Lead poisoning "hot spots"*
- *Recommendation 16: Childhood lead poisoning strategic plan*
- *Recommendation 17: Lead exposure prevention activities*

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Conclusion

- High number of childhood lead poisoning cases each year
- Essential that Milwaukee has a high functioning CLPPP to address this
- Historic inequities and disparities by race and ethnicity are perpetuated through lead poisoning
- City leadership and oversight are necessary

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Thank Yous

- MHD leadership and CLPPP staff
- Wisconsin Department of Health Services
- Wisconsin Department of Justice
- Housing and Urban Development
- Centers for Disease Control and Prevention
- Comptroller Matson and Comptroller Sawa
- The PHF Lead Poisoning team
- PHF intern and Milwaukeean Anastasia Brennan

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Additional Slides Related to Audit

Wisconsin Statute 254 Lead Hazard Orders

Table 7.6 Deadlines for Ordering Lead Hazard Reduction

Type of hazard	Time Limit
Imminent hazards [Defined in Wis. Stat. 254.11(7g)]	5 days
Non-imminent hazards	30 days
Non-imminent exterior hazards found October 1 through May 1	After the next June 1

Source: Wis. Stat. 254.166(2m)

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Confirmatory or Venous Testing

Recommended Schedule for Obtaining a Confirmatory Venous Sample

Blood Lead Level (µg/dL)	Time to Confirmation Testing
≥5–9	1–3 months
10–44	1 week–1 month*
45–59	48 hours
60–69	24 hours
≥70	Urgently as emergency test

*The higher the BLL on the screening test, the more urgent the need for confirmatory testing.

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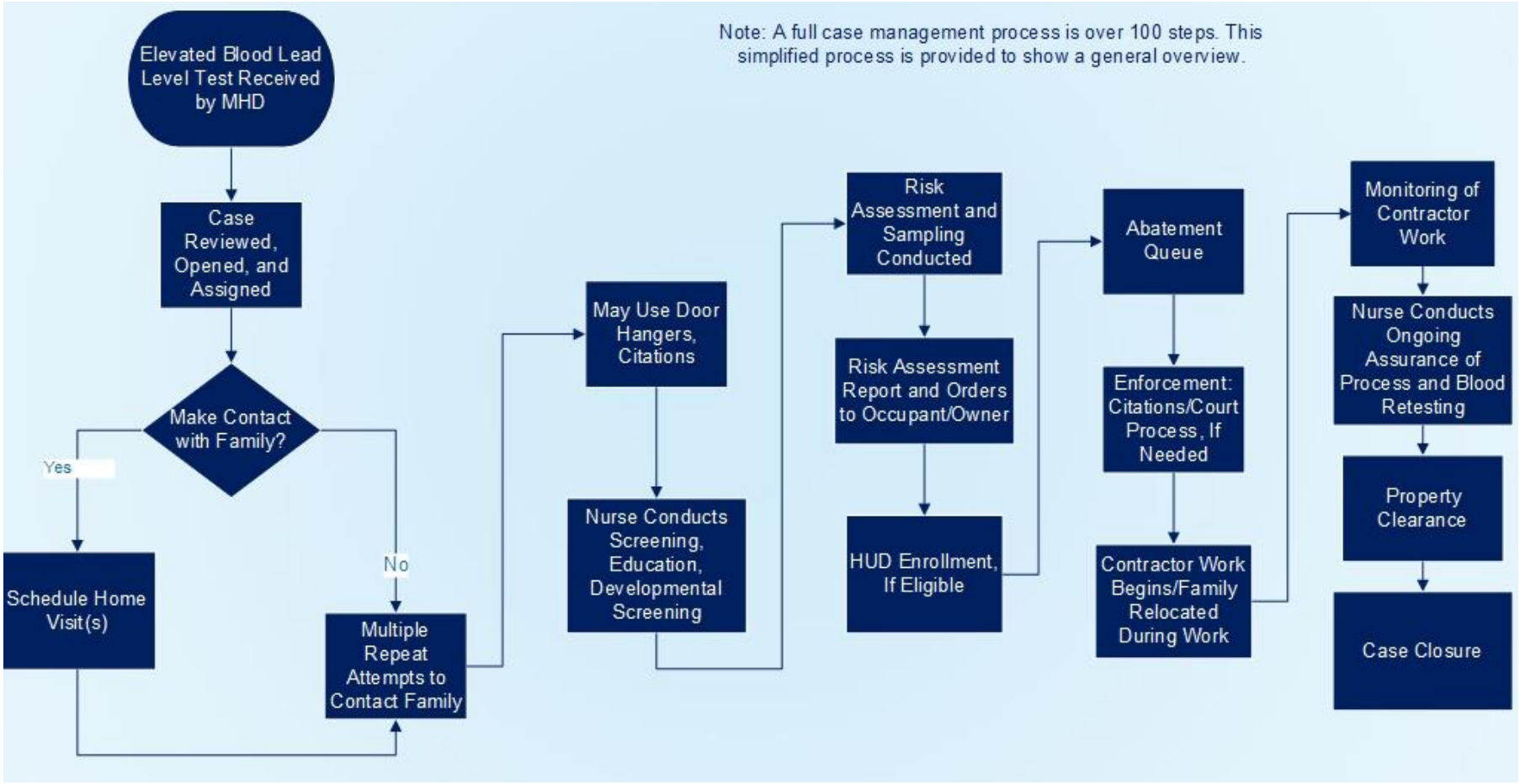
MHD Childhood Lead Poisoning Case Management Process



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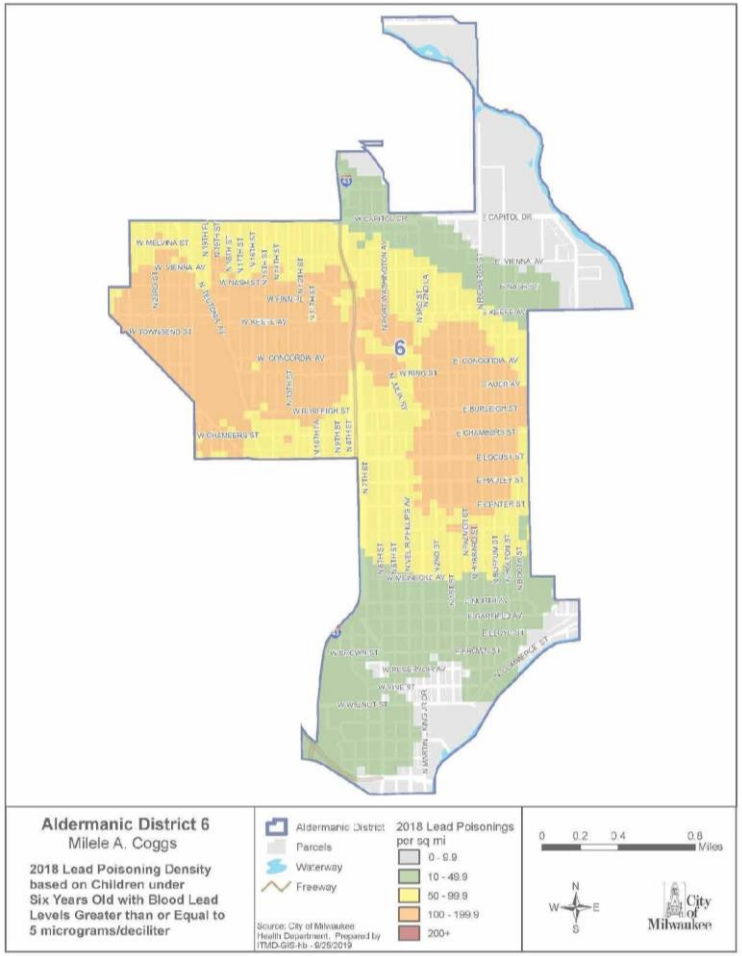
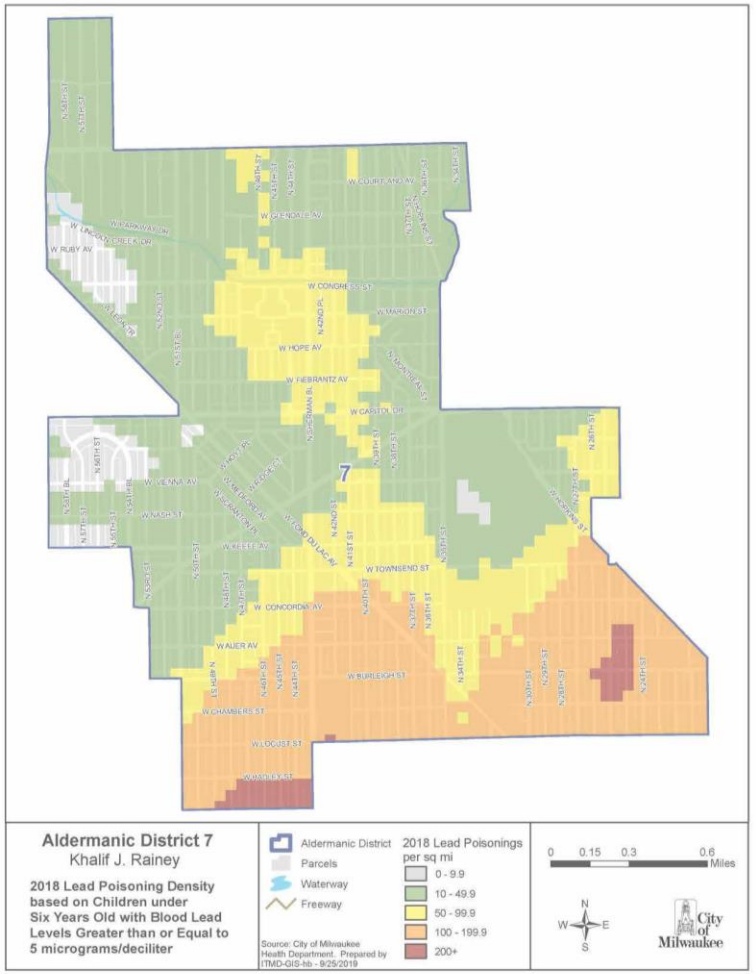
Districts with high numbers of lead poisoning cases (Recommendation 15)





Districts 6 and 7

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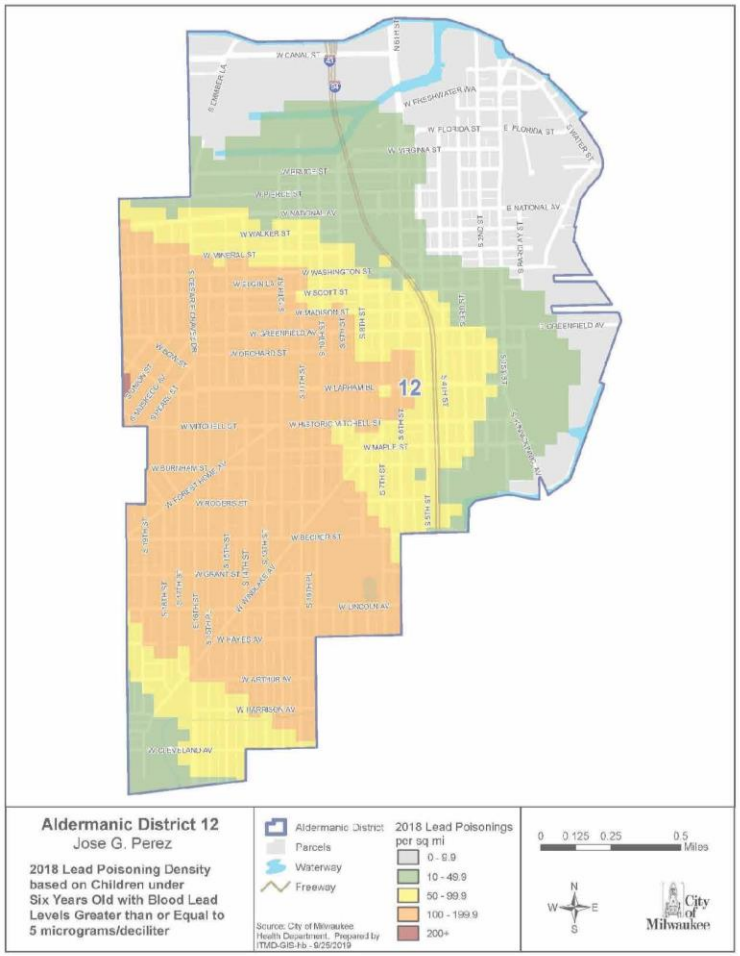
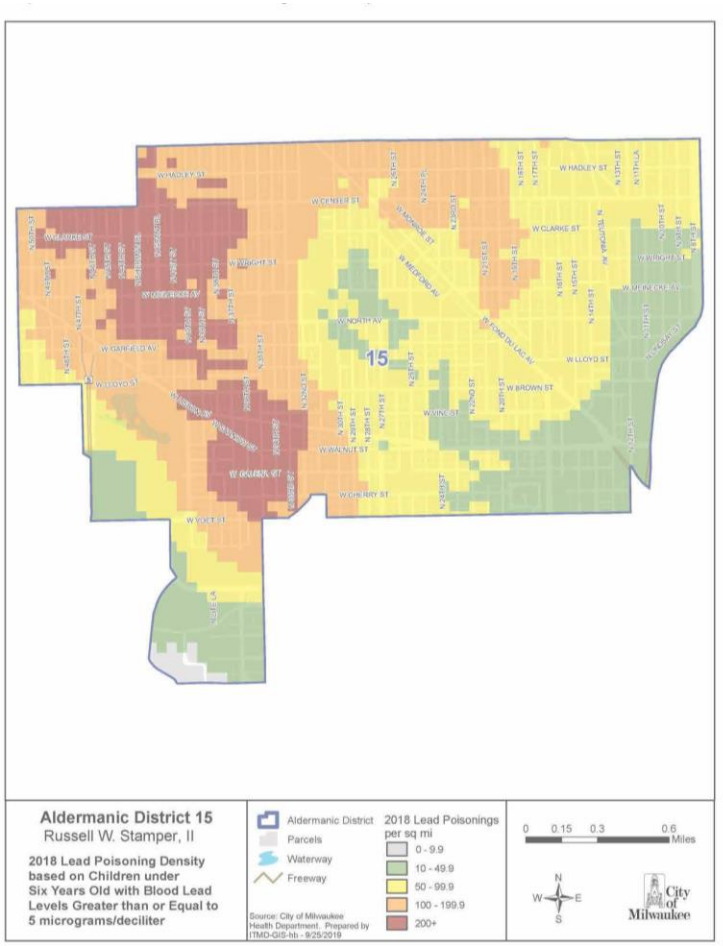
Districts with high numbers of lead poisoning cases (Recommendation 15)





Districts 12 and 15

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