

Lead and Healthy Homes Program Spring Semi Annual Meeting Agenda



Date: March 13, 2013

Time: 9:00 am to 12:00 pm

Location: CT DOT
2800 Berlin Turnpike
Newington, CT

- 9:00 - 9:15 **Registration**
- 9:15 - 9:35 **Welcome Remarks, Introductions**
Francesca Provenzano, Department of Public Health
- 9:35 - 10:00 **Regional Lead Treatment Centers Services Fact Sheet**
Lisa Bushnell, Department of Public Health
- 10:00 - 10:45 **Environmental Cases**
⇒ **Old Environmental Cases**
⇒ **Vacancy Agreements**
⇒ **Housing Court**
Kimberly Ploszaj and Tina McCarthy, Department of Public Health
- 10:45 - 11:00 **Break**
- 11:00 - 11:20 **Reference Value Updates**
Krista Veneziano, Department of Public Health
- 11:20 - 11:35 **Prevention Contracts**
Krista Veneziano, Department of Public Health
- 11:35 - 12:00 **Closing Remarks**
Francesca Provenzano, Department of Public Health





**Save
The
Date**

**Semi Annual Meeting
Wednesday, September 25, 2013**

9:00 am – 12:00 pm

CT Train course id 1032416

Regional Lead Treatment Centers & Chelation Therapy

Lisa Bushnell

CT DPH Lead, Radon, Healthy Homes Program
March 13, 2013

There are 2 Regional Lead Treatment Centers in CT

Hartford RLTC: clinics are offered at CT Children's Medical Center (Tues) and St. Francis Pediatric Primary Care Center (Thurs)

Contact: Susan Sarvey at (860) 714-5184

New Haven RLTC: clinics are offered at the Yale New Haven Children's Hospital Pediatric Specialty Clinic (Tues)

Contact: Sue Jordan at (203) 764-9106

Services provided by the Regional Lead Treatment Centers:

The Centers are under contract with DPH to provide:

- * Child medical case management
- * Blood Lead poisoning screening
- * Prevention based outreach
- * Advisory services to children and families

In addition, the Centers provide consultation services for physicians and health care providers statewide regarding the proper treatment and prevention of lead poisoning.

Chelation therapy:

Is administered:

- * When a child has a venous blood lead test results **> 44ug/dl** or
- * At the discretion of a pediatrician experienced in managing children with lead poisoning.

A team approach to treatment:

Children are:

- ❖ generally admitted to a RLTC (CCMC or YNH)
- ❖ medically monitored during therapy
- ❖ remain hospitalized for 3-4 days
- ❖ therapy continues orally after discharge for 10-14 days
- ❖ only discharged to a home deemed to be lead safe

99% of the time...

**The child will not be allowed to
return to the home where
they were poisoned.**

Communication is key!!

RTLTC staff treating the child & the local health department (DOH & LHD staff) must communicate/coordinate to ensure that the child is discharged to a lead safe home.

This should be a joint decision made between the RTLTC staff and LHD.

Discharge Options:

- The Hartford Lead Safe House, Ronald McDonald House in New Haven or the Lead Safe House in Bridgeport

Family/Friends:

- If a child is to be released to a post-78 home a Visual Inspection should be done
- If the home is pre-78 then a Risk Assessment or Comprehensive Lead Inspection must be done to ensure there are no lead hazards
- Review the LHD Relocation Plan

Child still at risk after discharge...

A chelated child is extremely sensitive to any future exposures to lead as their bodies will absorb lead more quickly than a child who has never been chelated.

Time is of the essence...

Local health departments must:

- * Investigate the cause of the high BLL
- * Perform a comprehensive lead inspection of the child's home
- * Protect other children/family members
- * Implement interim controls

Additional services offered by the RLTCs:

RLTC Outreach & Social Workers provide:

- * Lead exposure counseling and education
- * Home visits to identify risks/hazards, work to eliminate or reduce them
- * Coordinate with the LHDs
- * Translation services

Additional services continued...

- * Counseling on proper nutrition
- * Medical testing of siblings at risk
- * Developmental assessment, early intervention services, referrals to Birth to 3 or Dept of Ed.
- * Social Services, Housing services, Parental support

Contacts at the RLTCs:

Hartford RLTC:

Contact: Susan Sarvey at (860) 714-5184

New Haven RLTC:

Contact: Sue Jordan at (203) 764-9106



Environmental Properties

Environmental Properties

- Currently there are 451 open environmental cases statewide
- There are cases that have been open for 15 years (1998-2013)
- Goal: to work on closing all cases pre-2010

Current Open Cases by Year:

- 1998 – 1
- 2000 – 1
- 2001 – 1
- 2003 – 3
- 2004 – 8
- 2005 – 22
- 2006 – 33
- 2007 – 21
- 2008 – 38
- 2009 – 43
- 2010 – 65
- 2011 – 60
- 2012 – 141
- 2013 – 24

We Understand the Challenges.....

Local Health:

- Staff changes
- Staff shortages
- Staff reassignments

Open Properties:

- Vacant
- Foreclosures
- Real-estate Transactions
- Uncooperative property owners
- Other

Problems

- Liabilities stemming from knowledge of lead hazards, possibly exposing current occupants and/or new occupants
- More open properties = larger work load to monitor
- Changes in ownership, foreclosures and vacancy

Example 1:

Single family owner occupied

- Child of property owner lead poisoned
- Comprehensive lead inspection conducted identifying lead hazards
- Interim controls implemented
- Family has no funding to do abatement
- No lead abatement funding available
- Child's lead level decreasing

What should you do? What are your next steps?

Example 1 Next Steps:

After you've conducted a comprehensive lead inspection, issued an order based on identified lead hazards and implemented interim control measures and designed/approved the lead abatement plan you must have:

- Monthly communication with property owner (i.e. assuring that lead abatement is proceeding, monitor child's blood lead level, oversight of abatement work as it is being done)

DOCUMENT ALL COMMUNICATION!!!

Example 2:

Multi family

- Child poisoned in rental unit
- Family relocates
- Comprehensive lead inspection conducted, lead hazards identified
- Landlord sent/receives order letter, but fails to respond to the local health department
- HUD funding available
- You see a “for rent” sign in the property window prompting you to verify if any one is residing in the unit

What should you do? What are your next steps?

Example 2 Next Steps:

After you've confirmed that the apartment has a new tenant, and you've confirmed there has not been a change in ownership, and have limited to no progress with the abatement process:

- Refer case to housing court

**Local Housing Prosecutor will guide you
in this process!**

Guidelines to Ensure Compliance:

- Complete epidemiological investigation per State statutes/regulations
- Recommend attaching NOV to land record
- Offer guidance to property owner
 - ✓ assist in completing a lead abatement plan
 - ✓ assist in approved abatement methods/how to conduct lead abatement within acceptable practices
 - ✓ assist in verifying licensed lead abatement professionals

Guidelines to Ensure Compliance:

- Maintain regular communication (daily, weekly, monthly), to ensure compliance in a timely manner
- Contact your DPH regional case managers for assistance/guidance
- Remember your housing prosecutor is your **FRIEND**

Moving Forward:

- By implementing the recommended guidelines compliance can be achieved
- DPH case managers will be working more closely with the lhds to ensure that case compliance is achieved in a timely manner
- Our focus will be achieving compliance in all pre-2010 cases

225/451 total cases are pre-2010!!

Friendly Tips From Your Housing Prosecutors:

- **DO NOT WAIT:** Make all referrals as soon as a challenge arises
- **DOCUMENTATION IS KEY:** It gives your housing prosecutors the ability to support you
- **ASK FOR HELP:** Let's work as a team to achieve compliance in a timely manner

All cases can be referred to your local housing prosecutor for non-compliance, however.....

Friendly Tips From Your Housing Prosecutors:

- Please remember that the CHILD monitoring is the responsibility of the lhds
- Relocation and/or remediation may be necessary before, during and after the referral to the housing prosecutor
- A referral **DOES NOT** mean that the housing prosecutor can take the case
- The duty of the housing prosecutor is to find probable cause and to use discretion to proceed on the cases they decided are appropriate to prosecute
- Aged cases routinely carry problems and **DO NOT** always result in prosecution (in this case lhds should remember that they have other options beside criminal action by the housing prosecutor, such as having the municipal/district attorney file a civil injunction requiring work to be done, to close or restrict use of the building or secure relocation costs)

CDC Reference Value & Lead Prevention Funding



KRISTA M. VENEZIANO
SEMI-ANNUAL MEETING MARCH 13, 2013

CDC Reference Value



- **Reconvened the Childhood Lead Poisoning Prevention Screening Advisory Committee**
 - Doctors – two regional lead treatment centers
 - Director's of Health
 - Connecticut Association of Director's of Health
 - CT Association of Public Health Nurses
 - Local Health Departments
 - State Department of Education
 - CT Commission of Children
 - Connecticut Children's Medical Center
 - Foundation for Educational Advancement, Inc.
 - Office of Protection and Advocacy

Requirements and Guidance for Childhood Lead Screening



- **Revisions:**
 - Elimination of the term “level of concern”
 - Adoption of the “Reference Value” = $5\mu\text{g}/\text{dL}$
 - Requesting medical providers discuss and distribute educational materials at well child visits
 - Condensed the “Risk Assessment” questions (from 8 to 4)

Requirements and Guidance for Childhood Lead Screening

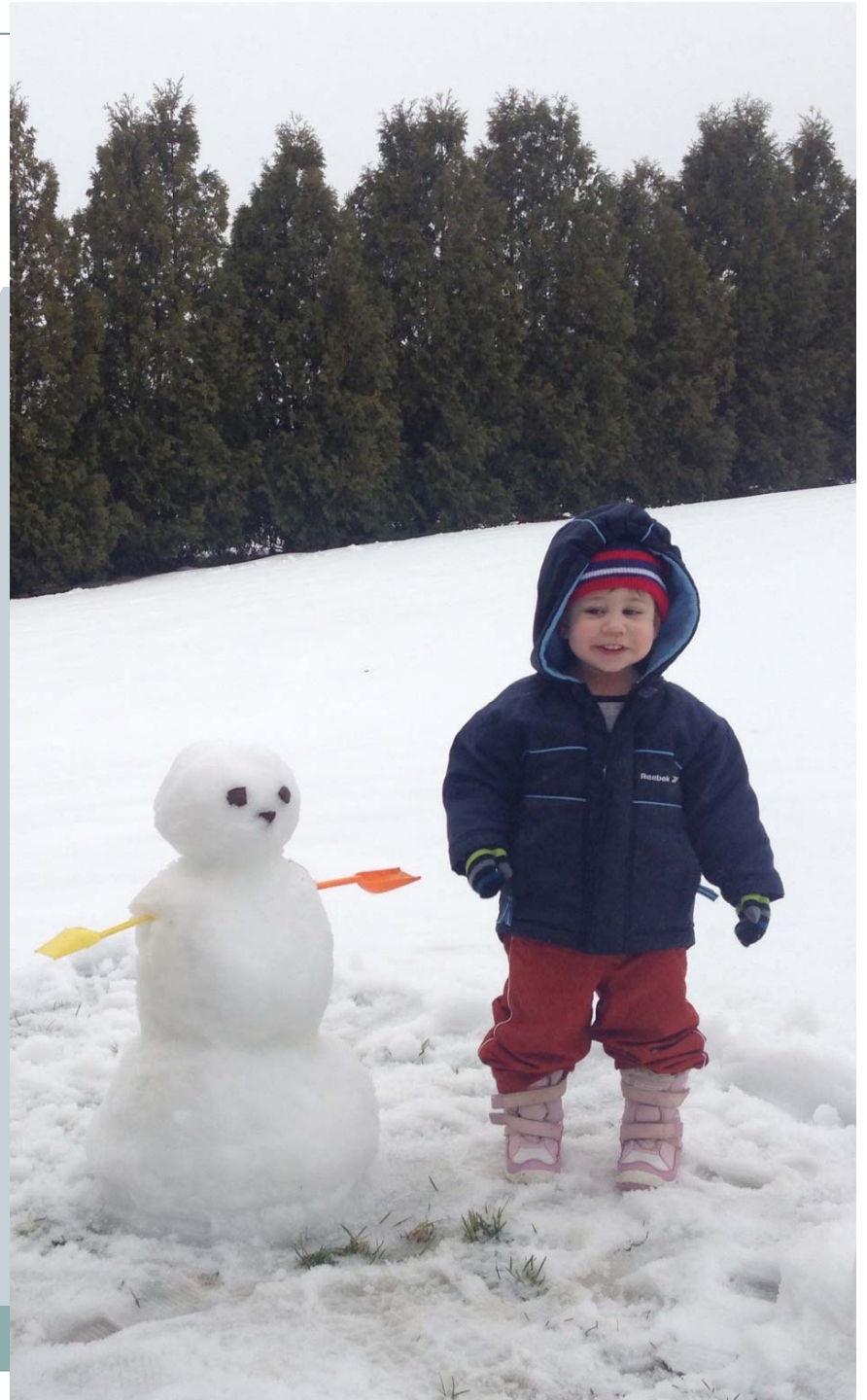


Timetable for Confirming Capillary (Screening) Blood Lead Results with a Venous Blood Lead Test*

If result of screening test ($\mu\text{g}/\text{dl}$) is	Perform Venous Blood test within:
5-19	3 months
20-44	1 month-1 week*
45-59	48 hours
60-69	24 hours
≥ 70	Immediately

Schedule for Follow-up Venous Blood Lead Testing for Children with an Elevated Blood Lead Level³

Blood Lead Level ($\mu\text{g}/\text{dl}$)	Early follow-up (1 st 2-4 tests after identification) test within:	Late follow-up (after BLL begins to decline) test within:
5-14	3 months ^b	6 - 9 months
15-19	1 - 3 months ^b	3 - 6 months
20-24	1 - 3 months ^b	1 - 3 months
25-44	2 weeks - 1 month	1 month
> 45	As soon as possible	Chelation and follow-up



Lead Poisoning Prevention Funding



- **48 of the 74 local health departments elected to take the lead poisoning prevention funding**
- **\$1,001,376 was distributed**

Reporting Requirements



- **Due by September 30, 2013:**
 - A final expenditure report
 - A final narrative, where all completed activities from the approved application are listed (bullet format or short paragraphs is the most acceptable)
 - If your department decides to accept the funding for the next year the completed and signed application including a budget and list of prevention activities is also required (paperwork will be sent to local health departments mid 2013)
- **Due date to be determined**
 - **Funding for Lead Poisoning Prevention Funding Available to Local Health Departments form** – this is the form that asks if your department/district wants the money and you fax it back after checking Yes or No (after receiving all the responses allocations are made and placed in your applications – don't forget we need to notified by the Legislature how much money was allocated to Lead Poisoning Prevention).
- **Financial Reporting Guidelines were emailed to all Director's of Health**

New!! Visit from your Case Manager



- **Visit from your Case Manager**
 - Lisa
 - Tina
 - Kim
- **Review how your prevention activities are going**

