

Elimination Plan Summary Report

In August 2004, the Connecticut's Childhood Lead Poisoning Elimination Plan was developed by the Connecticut Childhood Lead Poisoning Elimination Task Force made up of ad hoc members and staff from the Connecticut Department of Public Health Lead Programs, subsequently merged into one program in 2005, called the Lead Poisoning Prevention and Control Program.

The major goal of the Elimination Plan is to eliminate confirmed elevated blood lead levels ($>10\mu\text{g}/\text{dL}$) in children less than 6 years of age in Connecticut to less than 1% by the year 2010. This goal was accomplished in 2009 when children under 6 years of age who had a confirmed $\geq 10\mu\text{g}/\text{dL}$ blood lead tests declined to 737 (0.9%), children who had a confirmed $\geq 15\mu\text{g}/\text{dL}$ declined to 308 (0.4%), and children who had a confirmed $\geq 20\mu\text{g}/\text{dL}$ declined to 153 (0.2%).

The Elimination Plan is divided into six chapters with recommendations described within. This document provides updates on the twenty-three recommendations.

Environment and Housing

Recommendation 1

Modify current regulations and statutes (e.g. CGS §19a-111) to lower the threshold for mandatory epidemiological investigation and lead inspection from $20\mu\text{g}/\text{dL}$ to a confirmed blood lead level of $15\mu\text{g}/\text{dL}$. Explore mechanisms for providing increased support to local health departments most directly impacted by the increased case-load.

Update: On January 1, 2009 the CT General Statute §19a-110(d) was modified to include an onsite inspection to identify the source of the lead causing a confirmed venous blood lead level $\geq 15\mu\text{g}/\text{dL}$ but $\leq 20\mu\text{g}/\text{dL}$ in two tests taken at least three months apart and order remediation of such sources by the appropriate persons responsible for the conditions at such source.

CT General Statute §19a-111j establishes financial assistance to local health departments for expenses incurred in complying with applicable Lead Statutes and Regulations.

The LPPCP also has begun roll-out of a new web-based lead surveillance system (Maven) that LHDs will have access to for their child and environmental case management tracking and follow-up.

Recommendation 2

Revise the CT Public Health Code, statutes, and state regulations to strengthen the ability of the state and local health departments to enforce existing codes, statutes, and regulations.

Update: The draft Childhood Lead Poisoning Prevention and Control (CLPPC) regulations were reviewed by current LPPCP staff and due to the implementation of the EPA's RRP rule questions were raised. The draft regulations were also shared with the CT Association of Directors of Health, the CT Environmental Health Association, and

members of the regulatory review committee for final review and comment. Comments were provided. The LPPCP will also reconvene the advisory committee to address concerns raised by stakeholders. Unbeknownst to the LPPCP, the draft regulations were never forwarded to the Governor's office by the DPH Government Relations program. This provides the LPPCP time to make changes.

Recommendation 3

Expand the use of lead safe work practices for lead abatement, hazard reduction, and home maintenance and improvement by:

- (1) mandating that contractors, maintenance personnel, or property owners participate in trainings,
- (2) funding trainings for contractors, maintenance personnel and property owners be trained prior to doing work that may generate lead dust or fumes,
- (3) expanding the resources available to support the costs of undertaking these efforts, and
- (4) making regulatory changes to allow for lead-safe work practices. These will include interim controls to be utilized in place of full abatement in circumstances where an EBLL child is NOT involved.

Update:

- (1) The LPPCP promoted the use of lead-safe work practices for any renovation or painting work performed by contractors, maintenance personnel or property owners. Prior to the LPPCP being able to make this a mandate the EPA's mandate for Renovation, Remodeling, and Painting (RRP) rule went into effect. The rule mandates that contractors, maintenance personnel, or landlords who disturb more than six square feet of lead paint, replaces windows or does any demolition while working in a pre-1978 home, school, or day-care center, must be Lead-Safe Certified and trained in lead-safe work practices.
 - (2) The LPPCP was able to fund Train-the-Trainer courses, where training providers would be trained in the use of the UCONN developed, HUD approved, Lead-Safe Work Practices training course. Although, once the EPA's RRP rule went into effect the UCONN Lead-Safe Work Practices training course was replaced with the EPA mandated training course. The LPPCP has not taken on the authority to enforce the RRP rule or training.
 - (3) The LPPCP used EPA funds to assist with the cost of providing the Train-the-Trainer courses. Any further work was completed using State funds.
 - (4) The draft CLPPC regulations where remediation using lead-safe work practices in lieu of full abatement for properties where an EBLL child is **not** involved were reviewed by current LPPCP staff and due to the implementation of the EPA's RRP rule questions were raised. The draft regulations were also shared with the CT Association of Directors of Health, the CT Environmental Health Association, and members of the regulatory review committee for final review and comment. The LPPCP will reconvene the advisory committee to address concerns raised by stakeholders. Unbeknownst to the LPPCP, the draft regulations were never forwarded to the Governor's office by the DPH Government Relations program. This provides the LPPCP time to make changes.
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Recommendation 4

Enforce compliance with existing HUD lead safety requirements through improved inspection. Expand application of these requirements to all other Federal Rental Assistance Programs, State Assistance Programs (including Rental Assistance Program, RAP), and all other local Certificate of Occupancy Programs.

Update: Although the LPPCP is not funded by HUD and does not enforce HUD Regulations, the LPPCP recommends lead safe work practices be carried out for lead hazard control and renovation/remodeling activities that may disturb painted surfaces in pre-1978 housing. HUD lead safety requirements are mandated through the HUD Lead Safe Housing Rule (Sections 1012 & 1013) which includes Federal Rental Assistance Programs, State Assistance Programs (including Rental Assistance Program), and for all other local Certificate of Occupancy Programs. The CT Department of Economic and Community Development is responsible for statewide over site and has included those requirements in their 5 year CT Housing Consolidation Plan.

Recommendation 5

Implement the use of “Limited Lead Hazard Evaluations” during other (non-lead) home inspections in CT by requiring their addition to all ongoing housing inspections by local code officials and sanitarians and by private, Department of Consumer Protection’s (DCP) licensed home inspectors.

Update: The LPPCP has begun implementing a Healthy Homes approach and has contracted with three LHDs using Public Health and Human Services Block Grant funding to pilot a Healthy Homes Assessment Form to be used while performing housing and complaint investigations.

Recommendation 6

Encourage homeowners to test their own property for lead by eliminating the reporting requirements to the State and local health department (LHD) when a certified private sector Lead Inspector inspects an owner-occupied single family home, providing there is not a child under the age of six (6) years with a known EBLL in residence. Consideration will be given to expanding this exclusion on reporting requirements for other private sector inspections of residential properties that do not involve an EBLL child.

Update: The draft CLPPC regulations eliminate inspection reporting requirements to the DPH and LHDs except for situations that involves a child with a BLL of $\geq 20\mu\text{g/dL}$.

Recommendation 7

Explore the development of a web-based registry of lead safe and lead-free properties to be maintained on a statewide basis by a private entity.

Update: Due to cost this recommendation could not be completed.

Recommendation 8

Develop guidelines on cases under which it may be permissible to allow children to remain in residence during abatement; in all other cases relocation will be required during abatement.

Update: The LPPCP provides guidance on an as needed basis to LHDs. Each site and project is different in scope. To develop guidelines for each contingency would be next to impossible.

Screening

Recommendation 9

Legislatively mandate blood lead screening for all one and two year olds in CT.

Update: Accomplished. This became effective January 1, 2009.

Recommendation 10

Expand methods to monitor compliance with this new screening mandate by:

1. collaborating with CT Department of Social Services (DSS) and their Medicaid managed care organizations (MCO) to address provider compliance,
2. requiring that family, group, and center child care facilities monitor and report missing lead screenings of one and two year olds entering their programs,
3. exploring with the Women, Infants and Children Program (WIC) the addition of lead screening as a condition of enrollment and re-certification in the program as well as the training of WIC case workers to encourage lead testing with their clients (concurrent with currently required hemoglobin testing); and
4. by adding lead testing to the medical form required by DCF for new cases whenever a child under 5 years old is involved in a complaint of abuse or neglect.

Revised to state: by incorporating blood lead screening into DCF required medical assessments and screening data on various DCF medical forms

Update:

1. The LPPCP continues to complete the Medicaid data matching and provides the screening history and status for each individual child as well as the summary statistics for the overall screening rate. DSS has forwarded the information to the Medicaid MCOs for case follow-up and screening compliance monitoring. Meetings have been held with MCOs to discuss how they will follow up with providers for children with missing blood lead screenings once they receive the information from DSS.
2. The LPPCP has focused on the environmental aspect of child day care facilities ensuring that licensed facilities (group and centers) are lead-safe. It is not feasible at this time to make child care providers responsible for checking on lead screenings. There is no ramification associated with child care and the child's attendance at the day care facility should the child not receive a lead screen. To assist with promoting screening the LPPCP provides in-service trainings at child day care facilities for the children, staff and parents.
3. WIC is unable to implement at this time. The LPPCP provided posters that outline the screening requirements, a copy of the Sesame Street Workshop DVD "Lead Away", and

the LPPCP's contact information for possible in-service trainings to the twenty-three CT WIC offices.

4. The LPPPC completed the first round of data matching with the Department of Children and Families (DCF) for children whose guardian is DCF. The data match revealed that 80% of the children under DCF guardianship have had at least 1 blood lead test. The screening status and blood lead results for each individual child was provided to DCF for case management and screening compliance.

Recommendation 11

Utilize the new CLPPP system to identify for LHD all children within their jurisdiction who have not been screened by the age of 2 to monitor and improve compliance with new screening requirements.

Update: This recommendation was written while using the CLPPP (a.k.a. Kyran) surveillance system; now defunct. That system was never able to complete the function and processing of a report that identified children who had not been screened within a jurisdiction. The LPPCP is currently using the Maven surveillance system and will be focusing on educating medical providers to screen children seen in their practices. Additionally, after completing a data match with the DPH Immunization Program the LPPCP will be able to generate a report that will list children that have not been screened. This report can then be given to medical providers directly for follow-up.

Recommendation 12

Increase capacity to provide lead testing services at the State Laboratory including: private pay reimbursements for blood lead tests and personnel and equipment to handle the anticipated increase in blood lead level screenings as well as environmental testing (dust wipes, paint chips).

Update: To reduce the volume of blood lead screens needing to be analyzed by the State Laboratory, in June 2007, the LPPCP informed all medical providers in Connecticut of the upcoming universal screening mandate, effective January 1, 2009, and asked that medical providers use commercial laboratories for children with private insurance. Additionally, effective in January 2009, insurance companies were mandated by Connecticut General Statute to cover blood lead screening and risk assessment for children.

There was also a commitment to increase financial support to the DPH Laboratory with the funding being used for equipment and laboratory personnel.

Recommendation 13

Investigate the possibility of generating revenue by creating a nominal tax or fee that would be tied to the housing market through closing costs to support lead screening efforts.

Update: This was not implemented.

Case Management

Recommendation 14

Establish regulations to require case management for all children in CT with blood lead levels of 20µg/dL or greater, by amending State statutes.

Update: This was discussed while revising State statutes to mandate blood lead screening at ages one and two years. Supporters of the mandatory blood lead screening requirement threatened to pull their support if child case management was included in the proposed legislation. To overcome this barrier the LPPCP linked funding to include child case management (i.e., if the LHD accepts the funding they agree to provide child case management services). The LPPCP had advocated for child case management through individual training at each LHD. With this training LHDs have adopted child case management without the need for a mandate.

Recommendation 15

Enhance and improve case management for children with EBLLs in CT by:

- (1) working with DSS to require more clinical case management by Medicaid MCOs with EBLLs as the criteria that triggers and justifies case management.
- (2) building partnerships among MCOs and the Regional Lead Treatment Centers (RLTCs), and
- (3) piloting, evaluating, and then expanding intensive efforts to improve case management in Connecticut's five largest cities.

Update:

- (1) Partnerships have been made with the case managers of the MCOs. The MCOs have established protocols as to how they will proceed on following up on children with elevated blood lead levels.
- (2) The MCOs have been introduced to the RLTC staff with an explanation of services they provide.
- (3) This portion of the recommendation has been expanded to include all LHDs within Connecticut, not just the five largest cities. Currently the LPPCP divides the state of Connecticut into three regions with one LPPCP case manager assigned to a region. Each of the seventy-seven LHDs has received a case management in-service by an LPPCP case manager. The case manager supports the LHDs in their region by notifying them of elevated blood lead levels, collecting required paperwork, assisting with any technical questions, training of any new case managers, and training the LHD staff with the new web-based surveillance system. Timeliness and quality of case management services is reviewed and should a deficiency be identified it is brought to the attention of the LHD immediately with recommendations with how it can be corrected.

Recommendation 16

Expanding resources for case management services of EBLL children in CT by restoring to previous levels, and securing additional funding for case management and other supportive services, provided by the two Regional Lead Treatment Centers (RLTC). Seek opportunities for additional funding for LHDs to enhance their capacity to assist with case management.

Update: The State of Connecticut continues to fund a portion of the two RLTCs operating costs with an increase in funding of approximately 17% from State FY06. Funds are distributed through existing contracts between DPH and the RLTCs.

Recommendation 17

Promote the use of Lead Safe Homes for families whose homes are being abated by:
(1) enforcing requirement for LHDs to relocate families with a child with an EBLL,
(2) building partnerships with other housing programs, and
(3) expanding and supporting Lead Safe Homes by ensuring adequate resources for their survival.

Revised to state:

Promote the use of Lead Safe Houses (including two existing Lead Safe Houses that are maintained by the Regional Lead Treatment Centers [RLTCs]) that are available for families who must relocate due to the presence of extensive lead hazards in their homes or during lead abatement and hazard remediation of their homes.

Update: Training for LHD staff includes information about the St. Francis and Yale-New Haven Lead Safe Houses promoting their use. For the last twenty years the DPH has administered contracts with the St. Francis-Hartford RLTC and the Yale – New Haven RLTC in which one of the criteria is to provide use of their houses for all LHDs with lead poisoned children and their families. Review of contract reports from the RLTCs reveal that both RLTCs continue to provide Lead Safe House services to any family in need. The Yale-New Haven's Lead Safe House has been closed but there is an agreement with the Ronald McDonald House of Connecticut to provide housing to children with elevated blood lead levels and their families if necessary.

Recommendation 18

Improve case management at the LHDs by increasing oversight and support to local programs from CLU, ELU, and the RLTCs.

Revised due to DPH program changes:

Improve case management (child and environmental) by the LHDs by increasing oversight and support to local programs from the LPPCP.

Update: Currently the LPPCP divides the state of Connecticut into three regions with one LPPCP case manager assigned to a region. Each of the seventy-seven LHDs has received a case management in-service by an LPPCP case manager. The case manager supports the LHDs in their region by notifying them of elevated blood lead levels, collecting required paperwork, assisting with any technical questions, training of any new case managers, and training the LHD staff with the new web-based surveillance system. Timeliness and quality of case management services had been reviewed during formal audits at LHDs but with the implementation of the new web-based surveillance system and the more hands on approach taken by regional case managers the need for formal audits at LHDs has been reduced. Should a deficiency be identified it is brought to the attention of the LHD immediately with recommendations with how it can be corrected.

Surveillance

Recommendation 19

Develop surveillance data for programmatic use, increase compliance with existing reporting (lab based) of blood lead levels, and utilize Geographic Information systems (GIS) mapping to match EBLL cases with abatement activities.

Update:

Surveillance data is used with the Maven surveillance system for LHD case management activities, annual report generation, allocation for funding to towns with the highest case loads, and targeting medical provider in towns where there is low screening rates for educational in-services.

Lab based reporting – Connecticut State Statute §19a-110 requires all laboratories to report all blood lead analysis results to the LPPCP. Any reporting issued identified are addressed promptly with the laboratory director for immediate correction.

GIS – Mapping the EBLL cases and abatement activities would be of minimal use to the LPPCP. The following GIS mapping was completed:

- Number of children (under the age of six years) with EBLLs 10µg/dL and above by town
- Number of children (one and two years old) with EBLLs 10µg/dL and above by town
- Number of new cases 15µg/dL and above by town
- Statewide dot density map for EBLLs 10µg/dL and above

The maps can be found in the annual surveillance report posted on the LPPCP website (<http://www.ct.gov/dph/cwp/view.asp?a=3140&q=387576>).

Recommendation 20

Partner with the immunization registry to identify providers who consistently fail to screen their patients for lead poisoning at 1 and 2 years of age. ***Revised to include: Continue existing Lead Surveillance System data integration with birth records, DSS Medicaid, and ABLES data and data matching with refugee data.***

Update: The Maven surveillance system has a built in immunization matching function. Through the immunization matching, the system imports children's medical home information to the child's record to allow analysis of screening rate by doctors' practice. This analysis has not occurred at this time but is planned for the future.

To assist the DPH with providing outreach to medical providers in towns with low screening rates a proposal is being developed for the Child Health and Development Institute of Connecticut, Inc. to be included in their Educating Practices In the Community (EPIC). Additionally, a social marketing poster campaign has been implemented where an LPPCP staff person makes an unannounced visit to a medical provider's office in a town where screening rates are low and provides them with a poster that describes the needs for blood lead screening at ages 1 and 2 years.

The LPPCP is successfully importing birth records and Medicaid data into the Maven surveillance system. The LPPCP continues to import electronic adult records into the surveillance system. In the Maven surveillance system, adult records are viewable by the LPPCP program. The LPPCP program is able to detect and review all cases in the event of a family cluster.

The LPPCP obtains refugee arrival roster from the CDC Electronic Disease Notification (EDN) website on a monthly basis. The LPPCP completed the refugee data matching and has provided the refugee screening reports to LPPCP case management staff and Refugee Placement Agencies.

Training and Public Information

Recommendation 21

Coordinate all lead poisoning public information and training efforts statewide. Establish an organization/body to serve as a central clearinghouse for training and public information activities.

Update: Due to the difficulty with keeping such a registry up to date the implementation group decided to abandon the project after meeting and discussing the idea at length.

Recommendation 22

Increase the level of awareness, concern, and compliance among target audiences through a statewide public information/social marketing campaign.

Update: Currently the LPPCP is engaged in a social marketing poster campaign where an LPPCP staff person makes an unannounced visit to a medical provider's office in a town where screening rates are low and provides them with a poster that describes the need for blood lead screening at ages 1 and 2 years. During the visit the staff member gives the provider information about lead poisoning prevention and offers to schedule dates for staff or individual training.

The LPPCP has also engaged in numerous other activities:

- Training of day care staff and parents, DCF staff and placement personnel, Family Resource Center staff, School Readiness programs, Head Start staff, PTOs, 211 info line staff, school nurses, nursing students, health care workers and medical provider/grand rounds.
- Collaborated with the UCONN Cooperative Extension System (CONN CES) on the development of the Henry and Fred activity book. The activity book is intended to be used with the Henry and Fred storybook; it can also be used independently. The activity book is designed for use at a second grade level. After the story the children play an interactive game that reinforces themes from the book (e.g., George the Hungry Mouth). Currently, the LPPCP is adapting the activity book for younger grades. Additionally, UCONN CES has been contracted to develop a Healthy Homes Henry and Fred storybook. An activity book and interactive game will be developed once the storybook has been finalized.

- Conducted coloring contests in Connecticut schools, first educating the students and teachers in the dangers of lead, where the winner's posters are made into a calendar.
- Implemented the *Don't Spread Lead Campaign*. It is a regional effort throughout New England that is dedicated to eliminating lead poisoning in children and adults as the result of home improvement projects. This campaign is implemented through local hardware and paint stores during the spring and summer months. By educating the consumer through customer interaction, we hope that the word will be spread on how to work in a lead-safe manner. The educational information placement has been expanded to include public libraries, building departments, and LHDs.
- Educating home improvement contractors (HIC), property management firms, landlords by two method: 1) individual one-on-one meetings and 2) outreach presentations to groups.
- Promoted Lead Safe Work Practices training courses and Renovation, Remodeling, and Painting courses.
- Conducted annual lead inspector and lead inspector risk assessor initial and refresher training courses for over 20 (initial) and 200 (refresher) code enforcement officials.
- Conduct semi-annual meetings to discuss topics relating to lead that are of interest to external partners (e.g., LHDs, medical providers, building officials, housing officials.)
- Conduct an Annual Meeting to Eradicate Lead Poisoning (2009 – present).
- Collaborated with DCF to ensure children in DCF care have been screened for lead and placed in homes that are lead-safe.
- Collaborated with the State Department of Education to provided lead poisoning information to teachers throughout the Connecticut school districts.
- Participated in numerous health fairs and home and product trade shows yearly.
- Collaborated with the DSS State Refugee Coordinator where refugee resettlement coordinators are educated about lead and the need to place newly arrived refugees into homes that are lead-safe. The CT Refugee Health Assessment Form has been revised to include "Lead Screening" to assist medical providers in remembering to screening refugees for lead.

Additionally, the LPPCP has a wealth of educational information on the website (www.ct.gov/dph/lead) including electronic versions of lead poisoning prevention information in 14 languages (English, Spanish, Chinese, French, Vietnamese, Polish, Bosnian, Farsi, Russian, Urdu, Arabic, Somali, Hindi, Portuguese (<http://www.ct.gov/dph/cwp/view.asp?a=3140&q=387548>)).

Recommendation 23

Enhance ongoing statewide training efforts through better coordination, expanded availability, better recruitment, and enhanced publicity/recruitment through the organization/program developed in Recommendation 21.

Update: Recommendation 21 was abandoned but the LPPCP has made great strides at expanding the advertising and recruitment for trainings and meetings provided by the LPPCP or partners through the use of various list serves and a DPH maintained notification email/fax system (Everbridge). Subsequently agendas and presentations are

posted directly on the LPPCP website for viewing by people who could not attend the training/meeting. The LPPCP also uses TRAINConnecticut (<https://ct.train.org>) a web-based training application where meetings/trainings are posted/advertised and attendees sign up to attend the event directly on the website. TRAINConnecticut also has the ability to send emails to people who have signed up to attend the event. The website collects demographic information on the attendees that can be used for grant reporting purposes.