

2017-19 Biennium Budget Decision Package

FINAL

Agency: 303 Department of Health

Decision Package Code/Title: Blood Lead Levels in Children

Budget Period: 2017-19

Budget Level: PL- Performance Level

Agency Recommendation Summary Text:

Governor Inslee issued Directive 16-06 in response to the growing concerns about lead being found in drinking water in schools and homes across the state. In response to the directive, the Department of Health requests funding to improve the efficiency of the blood level monitoring system and to fully implement lead investigations and remediation work for children who have blood level test results requiring action.

Fiscal Summary: Decision package total dollar and FTE cost/savings by year, by fund, for 4 years. Additional fiscal details are required below.

| Operating Expenditures | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
|------------------------------|------------------|------------------|------------------|------------------|
| Fund 001-1 | 1,290,000 | 1,107,000 | 1,066,000 | 1,066,000 |
| Total Cost | 1,290,000 | 1,107,000 | 1,066,000 | 1,066,000 |
| Staffing | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
| FTEs | 4.2 | 4.2 | 4.2 | 4.2 |
| Object of Expenditure | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
| A - Salaries and Wages | 281,000 | 284,000 | 284,000 | 284,000 |
| B - Employee Benefits | 99,000 | 101,000 | 101,000 | 101,000 |
| C - Contracts | 730,000 | 585,000 | 585,000 | 585,000 |
| E - Goods and Services | 128,000 | 130,000 | 89,000 | 89,000 |
| J - Capital Outlays | 46,000 | - | - | - |
| T - Intra-Agency Reimb | 6,000 | 7,000 | 7,000 | 7,000 |

Package Description

Background

Lead exposure in children, even at relatively low levels, can permanently damage developing brains, resulting in lower test scores and increased behavioral problems. Elevated blood lead levels are defined in chapter 246-101 WAC as 5 µg/dL (micrograms per deciliter) or higher in children under age 15, and 10 µg/dL or higher in adults. Elevated blood lead levels are a notifiable condition under

chapter 246-101 WAC, therefore they must be reported to the Department of Health (DOH) within two business days. All non-elevated test results must be reported within one month.

DOH currently works with health care providers to test children at high risk for lead exposure (as defined by the 2015 expert panel recommendations on childhood lead report). The department alerts local health jurisdictions (LHJs) of elevated blood lead cases within their jurisdictions. The LHJ then works with the child's health care provider to assure appropriate medical follow up for the child. They also work with the family to identify and remove the sources of the lead exposure in the child's environment. In this way, the public health system protects these children from further effects of lead exposure and protects other children from exposure to these same lead sources.

Problem Statement

Unfortunately, there are holes in every part of the current system: not enough kids are getting screened; local jurisdictions do not have sufficient resources to investigate lead exposure cases, and; data systems are inefficient and inadequate.

Screening Rates

Screening rates in Washington are well below the national average. In 2015, 10 percent of U.S. children under 72 months of age were screened. In 2012, the last year the department has complete data, only 3.3 percent of children under 72 months of age were screened.

In addition, Washington's current public health system is not equipped to provide appropriate follow-up case management to the number of children expected to be identified with elevated blood lead levels by 2020. A consistent statewide program is necessary to ensure all children at risk of exposure are screened and receive necessary case management services. All Washington children with a confirmed blood lead level greater than or equal to 5 µg/dL should receive standard public health services that respond appropriately to their lead exposure.

Furthermore, Medicaid reimbursement is not available in Washington for case management. Several other states (Texas, Ohio, and Georgia) have case management programs that include children eligible for Medicaid. These state level programs show appropriate case management can achieve measurable results, including decreasing lead exposure, decreasing blood lead levels, and improving the health of children and their families. Case management can prevent lead poisoning among younger siblings or friends of a lead poisoned child, as well as future residents of homes where lead remediation has occurred.

Local Health Jurisdiction Resources

Local health jurisdictions lack the resources to appropriately investigate elevated blood lead cases. This means children continue to be exposed to lead from sources that could have been removed.

Currently, LHJs respond to elevated blood lead cases based on their county's capacity. According to a department phone survey conducted in 2014 with LHJs, 12 percent reported they did not have the capacity to respond to any elevated blood lead level cases. Only 44 percent of LHJs had the capacity to respond to elevated blood lead level cases using an action level of greater than or equal to 5 µg/dL. The remaining 44 percent only responded to cases when the elevated blood lead level was greater than or equal to 10 µg/dL.

Data System

The DOH database used to track elevated blood lead tests and report them to LHJs is inadequate. A registry is necessary to consolidate electronic records, making them more functional. An adequate

registry allows the department to: search data more precisely; identify individual case information; efficiently provide case management services; identify state and county trends over time, and; provide data summary reports to federal, state, and local agencies.

A robust data system is important because the department receives over 25,000 individual test results a year. In 2015, over 70 percent of the test results were faxed to the department. Receiving results in this manner requires a data compiler to manually type the information into an electronic database. The process is resource intensive and may result in human error. In addition, many of the test reports do not have all the required information. In 2015, over 40 percent of the test results did not contain the information needed for a complete surveillance system.

Lastly, all test results are converted to electronic format either manually or using electronic lab reporting. Without mandatory electronic reporting and a central registry, data is stored in multiple formats depending on how the data is received and whether the data is provided to LHJs. This process is also resource intensive and may result in human error.

Proposed Solution

To address this problem the following is needed:

1. Screening and Case Management - All Washington children with a confirmed blood lead level greater than or equal to 5 µg/dL should receive standard public health services that respond appropriately to their lead exposure. The following recommendations are intended to build the capacity of the public health system to provide these foundational services.
 - Build public health system capacity to identify and respond to children with elevated blood lead levels, including the following activities:
 - Increase screening of children on Medicaid and other high risk children through outreach to doctors and parents.
 - Create a consistent system for case management and follow up of children with elevated blood lead levels.
 - Support Health Care Authority in working with Centers for Medicare and Medicaid Services to allow Medicaid funding of case management and secure state Medicaid match funding.

2. Data System – A fully electronic reporting system is critical to the goal of efficient identification and case management of children with elevated blood lead levels. This proposal would provide funding and initiate policy changes to ensure this critical component of the system is created. The following would occur:
 - Revise the State Board of Health notifiable conditions rules to require labs to report all notifiable conditions electronically, including blood lead tests.
 - Enhance the Washington Disease Reporting System (WDRS) to create a fully electronic lead database and build internal department infrastructure to receive electronic blood lead case reporting via the Health Information Exchange.

Contact Information:

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Relation to Agency Strategic Plan and Results WA

Results Washington:

Goal 4: Healthy and Safe Communities

Agency Strategic Plan

Goal 1: Protect everyone in Washington from communicable diseases and other health threats.

Objective 3: Ensure the safety of our environment as it impacts human health.

Goal 2: Prevent illness and injury and promote ongoing wellness across the lifespan for everyone in Washington.

Objective 6: Protect people from violence, injuries and illness in their homes, neighborhoods and communities.

Base Budget: If the proposal is an expansion or alteration of a current program or service, provide information on the resources now devoted to the program or service. Please include annual expenditures and FTEs by fund and activity (or provide working models or backup materials containing this information).

The current base funds allow the DOH to collect blood lead tests, identify elevated blood lead levels, and communicate with local health about the elevated blood lead levels. DOH analyzes the data to identify high risk areas. Due to federal funding cuts, it stopped entering non-elevated blood lead levels into its database in 2012. In 2014, it stopped maintaining a cohesive database altogether.

The changes in this proposal will transition DOH to a complete, robust database of all the blood lead tests completed in Washington. The Department currently provide technical assistance to local health jurisdictions that are investigating elevated blood lead level cases. Federal funding does not fund case management services, so some children with elevated blood lead levels do not currently receive public health services. The changes in this proposal will assure all children in Washington with elevated blood lead levels will receive necessary public health services.

DOH currently provides health care providers with clinical advice for testing the children at highest risk for lead poisoning, but the department is not funded to prevent these children from being exposed to lead in the first place. This proposal will allow DOH to work with cities and landlords to help prevent childhood lead poisoning.

Activity A005 – Community Environmental Public Health

| | FY 2016 | FY 2017 |
|------------------------------|---------|---------|
| Fund 001-2 | 258,000 | 258,000 |
| FTEs | 2.0 | 2.0 |
| Object of Expenditure | | |
| Obj. A | 142,000 | 142,000 |
| Obj. B | 45,000 | 45,000 |
| Obj. E | 19,000 | 19,000 |
| Obj. G | 6,000 | 6,000 |
| Estimated Indirects | 46,000 | 46,000 |

| | | |
|-------------|---------|---------|
| Total Costs | 258,000 | 258,000 |
|-------------|---------|---------|

Decision Package expenditure, FTE and revenue assumptions, calculations and details: Agencies must clearly articulate the workload or policy assumptions used in calculating expenditure and revenue changes proposed.

Lead Registry

- 0.1 FTE in Fiscal Year 2018 for one time rulemaking costs to require labs to report all notifiable conditions electronically, including blood lead tests.
- 0.4 FTE of IT Specialist 4 one time in Fiscal Year 2018 to assist in the modifications to WDRS.
- \$145,000 in contractual costs for the required modifications to WDRS.
- 0.3 FTE in Fiscal Year 2018 for associated indirect staffing.
- 0.3 FTE of an Epidemiologist 3 beginning in Fiscal Year 2018 and on-going to oversee the data and reporting.

Total Lead Registry costs including staffing, contracts, goods and services and indirects are \$269,000 in Fiscal Year 2018 and \$51,000 for Fiscal Year 2019 and on-going.

Screening and Case Management

0.6 FTE in Fiscal Year 2018 and 0.7 for Fiscal Year 2019 and on-going of an Epidemiologist 3 for Electronic data management, data QA/QC, analysis and reporting to provide information necessary to reduce childhood lead poisoning. Provide technical epidemiologic assistance to LHJs and others involved with childhood blood lead outreach, education, and intervention activities.

0.8 FTE in FY 18 and 1.0 FTE for Fiscal Year 2019 and ongoing of a Public Health Advisor 3, to coordinate with LHJ’s on case management. Communicate with providers practicing in high risk areas and encourage them to use the department’s clinical screening guidelines to identify the highest risk children to test for lead exposure. Pilot a project with WIC clinics in high risk areas to test children at 12 and 24 months of age for lead using point of care blood lead testing equipment.

0.5 FTE associated indirect staffing in Fiscal Year 2018 and on-going.

\$50,000 each year to provide translated information to parents on the importance of lead screening and resources available through CHILD Profile mailings.

Complete case management information needs to be reported to the Department of Health through the Washington Disease Registry System (WDRS) Lead Module. This is also the system through which the elevated blood lead cases will be assigned to local health.

A summary of activities is provided in the table below:

| Activities |
|----------------------------------------------------------------------------------------------------------------------------------|
| Case Management |
| Contact provider: confirm/complete information |
| Call or visit family and assess family needs |
| Interview family to collect environmental and health histories and assess potential exposure factors (Use interpreter if needed) |
| Develop care plan (including follow up testing) |

| |
|-----------------------------------------------------------------------------------------------------------------------------------|
| Provide health education (exposure sources, housekeeping, nutrition, etc.) |
| Coordinate provision of developmental and nutritional assessments and interventions; refer family to resources (WIC, CSHCN, etc.) |
| Ensure other children in household under six years of age receive blood lead test |
| Environmental Assessment* |
| Conduct environmental home investigation and assessment (Certified Lead Risk Assessor with XRF) Use interpreter if needed |
| Lead Hazard Remediation* |
| If necessary, relocate family during lead hazard reduction process |
| Remediation: correct lead-hazardous conditions or remove non-residential exposures |
| Case Close out |
| Exposure sources removed, blood lead level below 5µg/dL |

* For cases $\geq 10 \mu\text{g/dL}$

Average cost for case management is \$1,000 per child. Based on current data, there 700 children identified annually with elevated blood lead levels. Of the 700 children, 231 (33%) are Medicaid so the 50% General Fund State (GF-S) match required is approximately \$116,000 annually beginning in Fiscal Year 2018 and on-going. Case management for the remaining 469 Non-Medicaid children cost \$469,000 annually beginning in Fiscal Year 2018 and on-going. The total annual GF-S cost is \$585,000.

Based on the blood lead level, home environmental investigations may be conducted by state or local public health staff with an XRF instrument. The department would purchase an XRF in Fiscal Year 2018 for \$40,000 and have staff trained to conduct home environmental investigations in LHJs that request assistance.

\$40,000 per year in the 2017-2019 biennium only is for the Pediatric Environmental Health Specialty Unit (PEHSU) at the University of Washington to train medical and nursing students on the importance of lead screening. PEHSU would also conduct trainings on lead screening at medical conferences, Grand Rounds, and practice group in-services. Trainings components would include interpretation of screening blood lead levels, risk translation, and patient and family counseling.

Total cost of Screening and Case Management is \$938,000 in Fiscal Year 2018, \$934,000 in Fiscal Year 2019 and \$893,000 beginning in Fiscal Year 2020 and on-going.

Primary Prevention Activities

0.7 FTE in Fiscal Year 18 and 1.0 FTE for Fiscal Year 2019 and on-going of a Public Health Advisor 3 to provide technical assistance to Department of Early learning around lead in licensed early learning settings. Staff would also work with municipalities and stakeholders to explore development of a state supported training program for cities to increase participation in rental inspection programs that include evaluations for lead. At least four cities, including Seattle, currently have programs. Additionally this staff will provide outreach to encourage child care operators and landlords to remediate their facilities before a child is exposed to lead and prevent lead poisoning in children.

0.1 FTE in Fiscal Year 2018 and 0.2 FTE for Fiscal Year 2019 and ongoing are for associated indirect staffing.

Total costs for Primary Prevention activities in Fiscal Year 2018 are \$83,000 and for Fiscal Year 2019 and ongoing \$122,000.

Decision Package Justification and Impacts

What specific performance outcomes does the agency expect?

Describe and quantify the specific performance outcomes the agency expects as a result of this funding change.

Increase the Washington screening rate of 3.3 percent to the national average of 10 percent by 2020. If the current elevated rate remains the same (2.3 percent), over 1,200 children with elevated blood lead will be identified per year starting in 2020.

All Washington children with a confirmed blood lead level greater than or equal to 5 µg/dL will be assessed and provided adequate case management.

Performance Measure detail:

No current tracked measures in Results Washington or in OFM’s Performance Management System.

Fully describe and quantify expected impacts on state residents and specific populations served:

Lead exposure, like so many other toxic exposures in our environment, contributes to health disparities. We know the highest risk factors for elevated blood lead levels are for children who are Black, Hispanic, low income, or living in a home built before 1950.

What are other important connections or impacts related to this proposal? Please complete the following table and provide detailed explanations or information below:

| Impact(s) To: | | Identify / Explanation |
|-----------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------|
| Regional/County impacts? | No | Identify: |
| Other local gov’t impacts? | Yes | Identify: Local Health Jurisdictions will require adequate resources to conduct case management |
| Tribal gov’t impacts? | No | Identify: |
| Other state agency impacts? | Yes | Identify: Health Care Authority to provide direction to all Medicaid providers. |
| Responds to specific task force, report, mandate or exec order? | Yes | Identify: Governor Inslee issued Directive 16-06 (the directive) in response to the growing concerns about lead. |
| Does request contain a compensation change? | Select Y/N | Identify: |

| | | |
|----------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Does request require a change to a collective bargaining agreement? | No | Identify: |
| Facility/workplace needs or impacts? | No | Identify: |
| Capital Budget Impacts? | No | Identify: . |
| Is change required to existing statutes, rules or contracts? | Yes | Identify: Revision of the State Board of Health notifiable conditions rules to require labs to report all notifiable conditions electronically, including blood lead tests. |
| Is the request related to or a result of litigation? | No | Identify lawsuit (please consult with Attorney General's Office): |
| Is the request related to Puget Sound recovery? | No | If yes, see budget instructions Section 14.4 for additional instructions |
| Identify other important connections | | |

Please provide a detailed discussion of connections/impacts identified above.

The Health Care Authority recently sent all Medicaid providers direction to screen children aged 12 and 24 months for lead. In addition, the department worked with an expert panel to develop lead screening guidelines in 2015. These screening guidelines enhance the efforts of the Health Care Authority to screen all children at greatest risk of lead poisoning based on the following factors:

- Age of housing.
- Poverty level of 130% Federal Poverty Level.
- Sibling or frequent playmate with elevated blood lead level.
- Recent immigrant, refugee, foreign adoptee, or child in foster care.
- Caregiver who works with or has hobbies using lead, such as painting, mining, and fishing.
- Use of traditional, folk, or ethnic remedies or cosmetics.

What alternatives were explored by the agency and why was this option chosen?

The Department does not currently have a system that could feasibly support a lead data registry. A fully electronic reporting system is critical to the goal of efficient identification and case management of children with elevated blood lead levels. So the chosen option is to modify the Washington Disease Reporting System (WDRS).

What are the consequences of not funding this request?

Washington's screening rates will remain well below the national average.

Washington’s public health system will remain ill-equipped to provide appropriate follow-up case management to children identified with elevated blood lead levels.

Children will continue to be exposed to high risk environments and won’t have access to prevention or follow-up care.

The department will not be able to search data more precisely, identify individual case information, efficiently provide case management services, and identify state and county trends over time,

How has or can the agency address the issue or need in its current appropriation level?

The Department does not have sufficient appropriation to absorb these additional costs.

Other supporting materials: Please attach or reference any other supporting materials or information that will help analysts and policymakers understand and prioritize your request.

Supplemental Information:

Information technology: Does this Decision Package include funding for any IT-related costs, including hardware, software, services (including cloud-based services), contracts or IT staff?

- No 
- Yes Continue to IT Addendum below and follow the directions on the bottom of the addendum to meet requirements for OCIO review.)

IT Addendum

Part 1: Itemized IT Costs

Please itemize any IT-related costs, including hardware, software, services (including cloud-based services), contracts (including professional services, quality assurance, and independent verification and validation), or IT staff. Be as specific as you can. (See chapter 12.1 of the operating budget instructions for guidance on what counts as “IT-related costs”)

Adding Lead Properties Module and Case Reporting to WDRS

| Information Technology Items in this DP <i>(insert rows as required)</i> | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
|-----------------------------------------------------------------------------|-----------|-----------|-----------|-----------|
| Lead Properties Module | \$95,000 | 0 | 0 | 0 |
| Case Reporting | \$50,000 | 0 | 0 | 0 |
| Total Cost | \$145,000 | Enter Sum | Enter Sum | Enter Sum |

Part 2: Identifying IT Projects

If the investment proposed in the decision package is the development or acquisition of an IT project/system, or is an enhancement to or modification of an existing IT project/system, it will also be reviewed and ranked by the OCIO as required by RCW 43.88.092. The answers to the three questions below will help OFM and the OCIO determine whether this decision package is, or enhances/modifies, an IT project:

1. Does this decision package fund the development or acquisition of a new or enhanced software or hardware system or service? Yes No
2. Does this decision package fund the acquisition or enhancements of any agency data centers? (See [OCIO Policy 184](#) for definition.) Yes No
3. Does this decision package fund the continuation of a project that is, or will be, under OCIO oversight? (See [OCIO Policy 121](#).) Yes No

If you answered “yes” to any of these questions, you must complete a concept review with the OCIO before submitting your budget request. Refer to chapter 12.2 of the operating budget instructions for more information.