

Greater Lawrence Community Action Council, Inc.
Merrimack Valley Lead Poisoning Prevention Program

Program Procedures

1. **Program Description:** The Merrimack Valley Lead Poisoning Prevention Program (MVLPPP) was established in 1976 as a provider to the Massachusetts Department of Public Health Childhood Lead Poisoning Prevention Program. The original service area covered Greater Lawrence. In 1979, the program expanded to Greater Haverhill and Greater Lowell, serving a total of 23 communities with emphasis on Lawrence, Lowell, Haverhill and Methuen. MVLPPP offers inspectional and case management services to lead poisoned or at-risk children and their families in our target area. Our current target area covers more than 60 communities. Public education on lead poisoning prevention strategies and resources is provided through presentations, community events, and stakeholder meetings.

The goal of the MVLPPP is to prevent and mitigate lead exposure in young children. We do this by promoting lead testing and inspections, identifying and ordering the remediating of lead hazards, and ensuring that lead poisoned children and their families get the supportive services they need to improve their health and well-being.

2. **Target Area:** Amesbury, Andover, Annasquam, Beverly, Billerica, Brookline, Boxford, Bradford, Byfield, Cambridge, Chelmsford, Chelsea, Danvers, Dracut, Dunstable, Essex, Everett, Georgetown, Gloucester, Groveland, Hamilton, Hathorne, Haverhill, Ipswich, Lawrence, Lowell, Lynn, Lynnfield, Magnolia, Malden, Manchester, Marblehead, Medford, Melrose, Merrimac, Methuen, Middleton, Nahant, Newbury, Newburyport, North Andover, Nutting Lake, Peabody, Pinehurst, Prides Crossing, Reading, Revere, Rockport, Rowley, Salem, Salisbury, Saugus, Somerville, South Hamilton Stoneham, Swampscott, Topsfield, Tyngsborough, Wakefield, Ward Hill, Wenham, Westford, West Medford, West Newbury, West Peabody, Winthrop.
3. **Funding Sources:** MVLPPP's primary funding source is the Massachusetts Department of Public Health, Childhood Lead Poisoning Prevention Program (MDPH CLPPP). GLCAC holds a 10yr contract with MDPH CLPPP (July 1, 2017-June 30, 2027). The City of Lawrence provides supplemental funding for outreach and education to promote the Lawrence Lead Abatement Program.
4. **Eligibility:** Families with children under the age of 6 yrs in target area, no income restrictions.

5- Program Delivery Process

5.1- Case Management (Community Health Worker)

A. Referral Mechanism

Referrals come directly from MDPH CLPPP. Cases are triggered by a child's blood lead level (BLL). A confirmed lead level of 5-9 micrograms per deciliter ($\mu\text{g}/\text{dL}$) is considered elevated; generating a preventative case whereas a $\text{BLL} \geq 10 \mu\text{g}/\text{dL}$ creates a poisoned child case. Poison child cases are automatically assigned to both a community health worker (CHW) and public lead inspector by territory across the State. The GLCAC CHW covers all of the communities in the target area (see above). A CLPPP Clinical Care Coordinator (CCC) assigns and sends the new case referral to the CHW. Accepting preventative cases is at the discretion of the CHW and is often based on current caseload.

B. Initiating Contact

Once the CHW has received and opened a new case (1-2 business days), they will attempt to contact the family by phone to confirm their address and schedule a home visit. Home visits should be scheduled within 14 days of receiving the referral. When a child's $\text{BLL} \geq 20 \mu\text{g}/\text{dL}$, these cases should receive higher priority and a home visit must be scheduled within 7 days of referral. If the CHW receives no response from the parent/guardian after three attempts (at least one of which is a letter), the CHW should go out to the listed address in person to try to locate the family. After these attempts, if the CHW is still not successful in making contact with the family or they refuse the CHW's services, s/he should notify the assigned CCC.

When initiating contact, the CHW will relay the following information:

- Introduction of CHW services and the Lead Program
- Explanation of how and why the referral was made
- Explanation of the benefits of a home visit
- Explanation of the parent's right of refusal

C. The Home Visit

Whenever possible, the CHW should schedule a home visit at a time when the child will be home and is convenient for the child's parent/guardian. Home visits should be completed during regular office hours (8am-5pm, Monday-Friday). In the event of an emergency or if a parent/guardian is unavailable during normal operating hours, home visits can be conducted outside of those hours with approval from the MVLPPP Director.

At the start of the visit, the CHW will obtain a signed Participation Agreement Form from the parent/guardian that explains the program and allows the CHW to conduct the home visit. The CHW should also have the parent/guardian sign an Information Release Form to allow the CHW to refer and share information with external agencies. Early Intervention referrals are required for every lead poisoned child under 2.9 yrs. Referrals can be made by phone, fax, or online through the provider's website. The CHW should be aware of provider preferences and policies around referrals.

Counseling should be conducted in a language that can be readily understood by the parent/guardian. When scheduling a home visit, the CHW should ask the family what their preferred language is. CLPPP

provides access to a Language Line and has visual resources in multiple languages that the CHW can use during the visit or anytime they need to communicate with the family.

There are seven primary objectives to the home visit:

- The family will understand the environmental/medical/developmental significance of childhood lead poisoning.
- The family will understand risk reduction strategies and formulate a plan for reducing lead hazards in their home.
- The family will understand the inspection process and environmental protection laid out in the MA Lead Law/ Sanitary Code.
- The family will understand the importance of a lead inspection and compliance with the Lead Law in improving the child's health.
- The family will understand the availability of local and State funding options for deleading.
- The family will understand the importance of medical follow-up.
- The family will receive referrals to agencies that can help address concerns identified by the family and the CHW.

To attain these objectives, the CHW will address the following issues, as applicable, through parent interview and home assessment:

1. Areas of parental concern regarding the home environment and other areas where the child may have been exposed to lead.
2. Lead hazards and remediation strategies, including temporary hazard reduction, lead inspections, and complying with the Massachusetts Lead Law. In preventative cases, children with a blood lead level 5- 9 mcg/dL will be referred to their local Health/Inspectional Department if there is a lead determinator on staff to schedule a lead determination. The CHW will explain the benefits of a lead inspection/determination and how complying with the Lead Law will ultimately improve their child's health. During this conversation, the CHW should also explain the deleading process, including low and moderate-risk deleading, as well as the availability of funding for deleading.
3. Water testing- In 2017, MDPH CLPPP added water testing for lead as a CHW service. The CHW will bring a water kit to each initial home visit. S/he will explain the service and how to properly collect the water samples and fill out the Chain of Custody Form. The CHW will pick up the water kit within 5 days of it being ready, complete the Chain of Custody Form, and mail it to the appropriate lab. The CHW should refer to the CLPPP Coverage Master List if they're not sure which lab to send the completed water kit to.

D. Assessment

During the initial home visit, the CHW is responsible for filling out a Lead Exposure Assessment Form to the best of their ability. This assessment is comprehensive and may require follow-up home visits or conversations with the family to complete fully.

To close the home visiting session, the CHW will

- Provide and go over pertinent educational materials with the family.
- Go over the home assessment and set some next steps for the family.
- Inform the family that s/he will be checking in soon to pick-up the water kit, follow-up on referrals or outstanding issues, and discuss how the child and family are doing overall.

E. Follow-up Home Visits:

Although preferred, it is at the discretion of the CHW to schedule an in-person follow-up home visit with a family. Each case has its own distinct circumstances, requiring different levels of support. If a follow-up visit is not conducted, follow-up phone calls are highly recommended. During a follow-up visit, the CHW should finish the assessment if needed, review all hazards discussed during the initial home visit and note the progress made toward remediation on the assessment form. Lead Hazard reduction should be viewed and reinforced. The CHW should follow-up on inspections/deleading/financial progress.

F. Referrals to Other Agencies

Within five business days of the home visit, the CHW should make all necessary referrals to outside agencies. Again, the CHW must obtain a release of information signed by the parent/guardian prior to making any referrals. Referrals may be made in writing or by phone, according to the requirements of each agency. Every referral must be documented in the physical and digital case file.

The role of the CHW is to inform the family of the availability of the resources. The CHW should encourage the family to take initiative to seek services. If the family needs assistance accessing services, the CHW may help the family in making the referral or may make the referral for the family.

In all cases, the CHW should follow-up on referrals made to help insure that services are accessed by the family. The following list of agencies are those that families are commonly referred to:

- Deleading Financing Agencies/Community Development Agencies
- Women, Infants and Children programs (WIC)
- Early Intervention (EI)
- Head Start or Childcare
- Department of Transitional Assistance
- Local Code Enforcement Agency

G. Case Reviews and Communication with the CLPPP Team

Mandatory case reviews are held regionally and usually occur on a quarterly basis with MDPH CLPPP staff. The purpose of the case review is to review case progress, provided technical advice and support, and to plan future intervention.

CHW must also maintain regular contact with team members as needed in order to insure optimal services to families.

H. Closing Cases

There are two types of cases: client and environmental. A CHW's involvement in a client case typically ends when services are refused, completed to satisfaction, or when a child's lead level reaches a

threshold level (under 5µg/dL or 10 µg/dL depending on the child's initial lead level). New CLPPP case management procedures allow for cases to be closed on the CHW side while still open for retest monitoring and environmental services. This allows the CHW to focus on his/her active cases. The decision to close a case is a team decision made during case reviews. Once the decision has been made to close the case, the CHW must complete all events and notes in the CLPPP database. The original case record must be stored at the community agency for a minimum of 7 years.

I. Reporting and Record Keeping Requirements

The CHW should maintain a comprehensive file on each child referred. All paper files must be maintained in locked areas where only approved personnel may obtain access. All case records are kept confidential and are to be maintained in a confidential manner. No case record information may be disseminated without written permission from the parent/guardian.

As required by the Commonwealth of Massachusetts, Greater Lawrence Community Action Council, Inc., has developed and implemented the Written Information Security Plan (WISP) to create effective safeguards to protect personal information of clients. Information to be maintained in the paper files includes:

- Copy of Comprehensive Case Management Report
- Signed forms: Participation Agreement, Information Release, Parental Request for Lead Determination, etc.
- Lead Exposure Assessment Form with progress notes
- Copies of emails and letters, sent or received
- Notation of any contacts made with the family or related to the case
- Copies of referrals made to other agencies as well as any information returned from the agencies relative to the status of the referrals

These files shall be housed in the CHW's office space and must be available for periodic case reviews and upon request by MDPH CLPPP staff.

Additionally, all CHWs are required to maintain case activities and notes in CLPPP's database. CHWs are responsible for inputting their data regularly.

J. Training for Community Health Workers

CLPPP will provide initial lead poisoning prevention training. Initial training will also include discussions on protocol, use of forms and record keeping. CHWs are required to attend CLPPP CHW trainings and "All Staff" CLPPP meetings. CHWs are also encouraged to participate in additional outside training on topics relevant to community health worker activities.

CHWs supervisors will occasionally accompany CHWs on home visits to observe performance and offer additional training and support.

K. Supervision

The MVLPPP Director is the CHW's direct supervisor. S/he will review active cases with the CHW as needed and be available for case management support.

L. Community Health Education

Both funders (MDPH CLPPP & City of Lawrence) require that we coordinate and participate in a range of outreach/education activities. These include and are not limited to responding to calls on the CLPPP Line, presentations, stakeholder meetings and networking, attending public events, targeted marketing campaigns, and implementing Lead Week activities. Although the Outreach Worker is primarily responsible for implementing these activities, the CHW may be asked to assist from time to time.

M. Evaluation/Reporting

Case management on both the Client (CHW) and Environmental (Inspector) side is routinely evaluated by CLPPP staff, looking at completed events, case notes, and changes in blood lead levels. More formal measurements include number of lead inspections, home visits, and referrals completed. Quarterly education/outreach reports are required by MDPH CLPPP and the City of Lawrence. We are required to keep track of event types, target audience, number of participants, materials distributed, and referrals made.

6.1-Environmental Case Management (Inspector)

The Greater Lawrence Community Action Council, Inc is contracted by MDPH CLPPP to perform code enforcement lead inspections in homes built before 1978 where a child under the age of 6yrs resides. All environmental cases are created by CLPPP and assigned to a public lead inspector based on territory.

A. Inspection Protocol:

The majority of our inspections are performed in homes where there is a lead poisoned child (BLL ≥ 10 $\mu\text{g}/\text{dL}$ and under 6 years). In these cases, the family is legally obligated to let the GLCAC or CLPPP inspector in to perform a comprehensive lead inspection.

- Lead determinations are abbreviated lead inspections that are done at the request of a parent/guardian with a child under 6 years old that live in a rental unit built before 1978. The purpose is to determine if lead-based paint is present in the home. Lead determinations may include any rooms of the dwelling unit or residential premises, common areas, porches and accessible exterior areas, as well as other buildings with the property lines.
- If lead violations are found during a public lead determination or full inspection, they must be abated by the property owner at their expense. The property owner(s) can either bring the unit into full compliance by remediating all lead hazards or under interim control by fixing the immediate lead hazards identified by the lead inspector.
- After completing the lead inspection, the lead inspector sends out a legally binding Order to Correct (OTC) to the owner(s) listed on the property deed. The OTC package tells the property owner that lead hazards have been found at their property, where the lead hazards are, outlines the steps for meeting compliance, and includes other helpful resources.
- OTCs contain a timeline that property owner must follow. Timelines start once the property owner(s) receives the OTC package. In poisoned child cases, the property owner has to show that they have the resources or are applying for funding to delead within 30 days of the receipt

of the Order. In all cases, a copy of a signed contract with a licensed deleader, if one will be necessary for the required work must be presented to the inspector by Day 60. If the owner or his/her agent is going to perform owner/agent deleading work, the owner must also submit an intent form within 60 days.

- All interior deleading work in a unit must be completed by Day 90 of the Order receipt. Common area and exterior work must be finished by Day 120. The inspector will go out to check the work at both of these intervals. A final re-inspection will occur when all of the deleading work is complete.
- If the owner fails to comply with the OTC, MVLPPP will initiate and participate in judicial proceedings against the owner to enforce the Order. In following the above stated protocol the following procedures will apply.

B. Licensed Lead Inspector Duties and Responsibilities:

1. Conducting inspections of dwellings to identify lead hazards and to enforce the MA Lead Law in homes of lead poisoned children and other children under age 6.
2. Writing reports on all violations, complaints and inspections and maintaining paper and electronic system of records, reports, and other activities.
3. Counseling parents, homeowners, and others and coordinating with other agencies to ensure the safety of the lead hazard removal process.
4. Conducting title searches and initiates and attending court proceedings in cases of non-compliance.
5. Effectively prosecuting cases of non-compliance in district and housing courts, both independently and cooperatively with CLPPP managers and Special Assistant Attorneys General.
6. Providing training and technical assistance to local boards of health, code enforcement departments, housing authorities, the private sector of lead inspectors, etc. in conducting lead paint inspections, enforcing lead poisoning prevention laws and regulations and monitoring lead paint abatement.
7. Attending mandatory environmental case reviews and other CLPPP meetings/trainings.

C. Inspector Supervision

The MVLPPP Director is the Lead Inspector's direct supervisor. The MDPH CLPPP Director of Operations serves as a liaison between the agency and the State program and provides the Lead Inspector with case management support and technical assistance.

6.2 Deleading Protocol

When MVLPPP conducts a lead inspection and finds lead violations in an enforceable unit (built before 1978, child under 6yrs), the owner must remediate all violations within the timeframe outlined under 6.1-Environmental Case Management (Inspector) A. Inspectional Protocol. Failure to do so will initiate court proceedings by the inspector assigned to the case.

Under the MA Lead Law, only authorized persons may engage in the removal, covering, or replacement of known lead hazards. Authorization requirements are determined by deleading activity type. Deleading activities are categorized by level of risk: low, moderate, or high.

With the proper training and certification, an owner or owner's agent can perform activities under low or moderate risk deleading. Before an owner or owner's agent can perform any work, they must notify MDPH CLPPP and the assigned public lead inspector. Any high risk deleading work has to be performed by a licensed deleader. The lead inspector works closely with property owners, agents, funders, and deleaders to ensure that the work is complete and done properly.

Property owners are given information about financial resources for deleading, local and State programs that offer grants or loans. Both the Inspector and CHW should be aware of these resources and try to establish relationships with these funding providers.

Once the deleading work is done, the lead inspector comes back for a final inspection. If the unit passes (visual examination and dust wipes), s/he issues the appropriate compliance letter. A copy of the compliance letter goes to the property owner(s) and tenant(s) if applicable.

6.3 Information Requests

GLCAC MVLPPP is required to maintain client files for at least 7 years and inspectional files have to be kept indefinitely. Copies of lead inspection reports and compliance documents can be provided to the general public by completing a GLCAC Information Request Form. An authorized MVLPPP employee must review and sign-off on information requests that contain inspectional records.

7. Contract Management

The MVLPPP Director oversees the daily operations of the program including all contracted activities. S/he is responsible for programmatic reporting and ensuring that agency and funder goals are met.