



COUNTY OF HUMBOLDT

AGENDA ITEM NO.

C-7

For the meeting of: February 2, 2016

Date: January 11, 2016

To: Board of Supervisors

From: Connie Beck, Interim Director *CB*
Department of Health and Human Services – Public Health

Subject: Amendment (A01) to State Standard Agreement #14-10045 between California Department of Public Health and County of Humboldt for Fiscal Years 2014-15, 2015-16 and 2016-17

RECOMMENDATION(S):

That the Board of Supervisors:

1. Approve Amendment (A01) to State Standard Agreement #14-10045 with the California Department of Public Health (CDPH) to increase the budget and scope of the Childhood Lead Poisoning Prevention Program (CLPPP) for the period beginning July 1, 2014 and ending June 30, 2017 or upon approval by CDPH or Department of General Services (DGS), if required, whichever is later;
2. Direct the Chair of the Board to sign eight (8) originals of the cover page of the State Standard Agreement;
3. Authorize the Director of DHHS-Public Health to sign any subsequent amendments directly related to State Standard Agreement #14-10045; and
4. Direct the Clerk of the Board to return the eight (8) executed originals of the State Standard Agreement Amendment (A01) to the Department of Health and Human Services (DHHS) – Contracts Unit for transmittal to DHHS – Public Health.

SOURCE OF FUNDING:

Public Health Funds

Prepared by Megan Montgomery, AA

CAO Approval *E. Shindler*

REVIEW:

Auditor *MBM*

County Counsel *ca*

Human Resources

Other

TYPE OF ITEM:

☒ Consent
☐ Departmental
☐ Public Hearing
☐ Other

PREVIOUS ACTION/REFERRAL:

Board Order No. C-21

Meeting of: 5/23/2014

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor *Sundberg* Seconded by Supervisor *Bass*

Ayes *Sundberg, Fennell, Lovelace, Bohn, Bass*
Nays
Abstain
Absent

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: Feb. 2, 2016

By: *Kathy Hayes*

Kathy Hayes, Clerk of the Board

DISCUSSION:

The State of California has mandated that a childhood lead poisoning prevention program be successfully administered in the jurisdiction of each local health department throughout California. This program has been in effect since 1995 and is designed to decrease the exposure of children to lead and the incidence of childhood lead poisoning, improve the detection of lead-poisoned children, and assure timely and appropriate case management of lead-poisoned children. CLPPP also raises community awareness about childhood lead exposures, lead poisoning effects and prevention through outreach to health care providers, community events and directly to families.

Policy changes to health care implemented during the 2014-2017 contract period have resulted in increased levels in lead testing and increased detected cases of childhood lead poisoning in Humboldt County. In response to the elevated detection levels, the County of Humboldt CLPPP plans to expand its preventative lead enforcement activities to better protect Humboldt citizens from childhood lead poisoning.

On May 23, 2014 (item C-21), the Board approved the State Standard Agreement #14-10045 with the California Department of Public Health (CDPH) for the Childhood Lead Poisoning Prevention Program (CLPPP). This Amendment (A01) to State Standard Agreement #14-10045 increases the approved reimbursement amount by \$23,365 and extends the County of Humboldt's scope of work to include additional lead enforcement activities in fiscal years 2015-16 and 2016-17. These funds will allow the County of Humboldt CLPPP to: (1) develop and implement activities designed to prevent lead-exposed children and at-risk children from exposure to lead and (2) increase collaboration with local building departments, housing departments, code enforcement groups, environmental agencies and other groups to see that lead hazards are properly identified and eliminated.

FINANCIAL IMPACT:

Approval of Amendment A01 to the State Standard Agreement #14-10045 will increase the reimbursement of services provided from \$202,019 to up to \$225,384 for a three year period beginning July 1, 2014 and ending June 30, 2017. The maximum amount payable for fiscal year (FY) 2015-16 will increase from \$64,182 to \$75,658 and for FY 2016-17 the maximum amount payable will increase from \$63,510 to \$75,399 for a total overall increase of \$23,365.

The increase in funding was not included as revenue in the county budget for FY 2015-16. Adjustments to the county budget will be made through appropriation transfers to move savings from realignment to the CLPPP revenue line item. The increase in funds for FY 2016-17 will be incorporated into the county budget for FY 2016-17. Approval of the recommendations will not increase costs for DHHS – Public Health.

This Amendment (A01) to Agreement supports the Board's Strategic Framework by protecting vulnerable populations and providing community-appropriate levels of service.

OTHER AGENCY INVOLVEMENT:

The California Department of Public Health is the grantor of funds.

ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board could choose not to approve the recommendations. However, this is not recommended as these funds would not be available to the DHHS-Public Health's Childhood Lead Poisoning Prevention Program, resulting in an inability to adequately increase childhood lead poisoning prevention services in Humboldt County.

ATTACHMENTS:

Amendment (A01) to State Standard Agreement #14-10045 (8 originals)

STANDARD AGREEMENT AMENDMENT

STD 213A (Rev 6/03)

☒ Check here if additional pages are added: 1 Page(s)

Agreement Number 14-10045	Amendment Number A01
Registration Number:	

1. This Agreement is entered into between the State Agency and Contractor named below:

State Agency's Name

California Department of Public Health

Also known as CDPH or the State

Contractor's Name

Humboldt County

(Also referred to as Contractor)

2. The term of this July 1, 2014 through June 30, 2017
Agreement is:

3. The maximum amount of this \$ 225,384
Agreement after this amendment is: Two Hundred Twenty Five Thousand Three Hundred Eighty Four Dollars

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

- I. **Purpose of amendment:** The Scope of Work is amended to reflect an expansion of additional services that are to be performed in Year 2 and Year 3 and the budget is increased by \$23,365.00.

- II. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

(Continued on next page)

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**CONTRACTOR**

Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.)

Humboldt County

By (Authorized Signature)



Date Signed (Do not type)

2-2-16

Printed Name and Title of Person Signing

Mark Lovelace, Chairperson, Board of Supervisors

Address

C/O Sandra Earl, 908 7th Street, Eureka, CA 95501**STATE OF CALIFORNIA**

Agency Name

California Department of Public Health

By (Authorized Signature)



Date Signed (Do not type)

Printed Name and Title of Person Signing

Yolanda Murillo, Chief, Contracts Management Unit

Address

1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377,
Sacramento, CA 95899-7377CALIFORNIA
Department of General Services
Use Only☐ Exempt per:

STD 213A (continued)

- III. Exhibit A, Scope of Work / Work Plan, is hereby replaced in its entirety with Exhibit A, A01, Scope of Work / Work Plan.

All references to Exhibit A, Scope of Work / Work Plan, in any exhibit incorporated in this agreement shall hereinafter be deemed to read Exhibit A, A01, Scope of Work / Work Plan.

- IV. Provision 4 (Amounts Payable) of Exhibit B – Budget Detail and Payment Provisions is amended to read as follows:

4. Amounts Payable

A. The amounts payable under this agreement shall not exceed:

- 1) \$74,327 for the budget period of 7/01/14 through 6/30/15
- 2) \$64,182 75,658 for the budget period of 7/01/15 through 6/30/16
- 3) \$63,510 75,399 for the budget period of 7/01/16 through 6/30/17

- V. Exhibit B, Attachment II, Budget (Year 2) and Exhibit B, Attachment III, Budget (Year 3), are hereby replaced in its entirety with Exhibit B, A01, Attachment II, Budget (Year 2) and Exhibit B, A01, Attachment III, Budget (Year 3).

All references to Exhibit B, Attachment II and III, in any exhibit incorporated into this agreement shall hereinafter be deemed to read Exhibit B, A01, Attachment II Budget (Year 2) and Exhibit B, A01, Attachment III, Budget (Year 3).

Exhibit A
Scope of Work / Work Plan

1. Service Overview

Contractor agrees to provide to the California Department of Public Health (CDPH) the services described herein.

The **Humboldt County** Childhood Lead Poisoning Prevention Program (CLPPP) will provide direct case management for children, as well as education to the communities, families and health care providers within its jurisdiction. The Contractor will coordinate lead-related activities for a range of local agencies and organizations, alert the Childhood Lead Poisoning Prevention Branch (CLPPB) of the CDPH, to new sources of lead exposure and barriers in the continuum of care and prevention, and help develop creative new strategies towards realizing a mutual vision of a health, lead-safe environment, in which all children can achieve their full potential.

2. Service Location

The services shall be performed at applicable facilities in **Humboldt County**.

3. Service Hours

The services shall be provided during normal Contractor working hours, Monday through Friday, excluding national and State holidays.

4. Project Representatives

A. The project representatives during the term of this Agreement will be:

California Department of Public Health	Humboldt County
Ingrid Galindo, Contract Manager Telephone: 510-620-3674 Fax: 510-620-5656 Email: Ingrid.Galindo@cdpoh.ca.gov	Pamela McKnight , Program Coordinator <u>Sandy Earl</u> Telephone: 707-441-5566 <u>707-445-6025</u> Fax: 707-268-0415 Email: searl@co.humboldt.ca.us

B. Direct all inquiries to:

California Department of Public Health	Humboldt County
Childhood Lead Poisoning Prevention Branch Attention: Ingrid Galindo 850 Marina Bay Parkway, Building P, Third Floor Richmond, CA 94804-6403 Telephone: (510) 620-5600 Fax: (510) 620-5656 Email: Contract Manager email	Childhood Lead Poisoning Prevention Program Attention: Pamela McKnight <u>Sandy Earl</u> 908 7 th Street Eureka, CA 95501 Telephone: 707-441-5566 <u>707-445-6025</u> Fax: 707-268-0415 Email: searl@co.humboldt.ca.us

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this Agreement.

Exhibit A
Scope of Work / Work Plan

5. Scope of Work Changes

- A. Pursuant to Health and Safety code Section 38077(b)(2), changes and revisions to the Scope of Work contained in the agreement, utilizing the "allowable cost payment system" may be proposed by the Contractor in writing. Failure to notify the State of proposed revisions to the Scope of Work may result in an audit finding.
- B. The State will respond, in writing, as to the approval or disapproval of all such requests for changes or revisions to the Scope of Work within 30 calendar days of the dated the request is first received in the Department. Should the State fail to respond to the Contractor's request within 30 calendar days of receipt, the Contractor's request shall be deemed approved.
- C. The State may also request changes and revisions to the Scope of Work. The State will make a good-faith effort to provide the Contractor 30 calendar days advance written notice of said changes or revisions.
- D. No changes to the Scope of Work agreed to pursuant to this paragraph shall take effect until the cooperative agreement is amended and the amendment is approved as required by law and this agreement.

6. Required Deliverables for Program Review and Evaluation

- A. The Contractor will submit as deliverables to the Childhood Lead Poisoning Prevention Branch the following documents:
 - 1) Biannual Progress Reports using the CLPPB Progress Report format.
 - 2) Quarterly invoices as outlined in Exhibit B, Provision 1, page 1 of 4.
 - 3) Completed pages of the Lead Poisoning Follow-up Form (LPFF) and attachments.
 - 4) Completed Form 8552 for each Lead Hazard Evaluation (includes clearance, EI and risk assessment) that is performed.
 - 5) Status report, case management information, and other contract-related information as requested by CLPPB for program review.
 - 6) Entry of data into the Response and Surveillance System for Childhood Lead Exposures II (RASSCLE II), as negotiated with CLPPB.

7. Subcontracts Requirements

Subcontracts with other governmental agencies may be allowed with prior CDPH approval.

- 8. See the following pages for a detailed description of the services to be performed.

Exhibit A
Scope of Work / Work Plan

Goal 1: A Childhood Lead Poisoning Prevention Program (CLPPP) shall be successfully administered in the jurisdiction of each local health department throughout California.

Objective 1-I: Maintain (or establish) and successfully administer a local CLPPP.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
1. Designate a CLPPP Coordinator responsible for conducting or overseeing the activities below. Other CLPPP staff may be assigned to perform specific duties of the CLPPP Coordinator, however a single contact for all communications from the CLPPB shall be designated.	Within 30 days of start date	Administrative Analyst (AA)	CLPPPs must conduct all Goal 1 deliverables. Check mark indicates these activities will be accomplished. ☒ Designated CLPPP coordinator.
a. Prepare and implement a CLPPP Work Plan that identifies appropriate activities and staff for the needs and resources available to the Local Health Jurisdiction.	Ongoing	AA, CLPPP Coordinator/ Health Education Specialist (CC/HES)	☒ Prepared CLPPP Work Plan. ☒ Submit CLPPP Personnel Justification Form. ☒ Completed CLPPP Contact List.
b. Coordinate all CLPPP services and activities within the Local Health Jurisdiction.	Ongoing	CC/HES	☒ Executed Work Plan.
c. Act as primary program contact with CLPPB.	Ongoing	CC/HES	☒ Designate a single contact for all CLPPB communications.

Exhibit A
Scope of Work / Work Plan

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
d. Ensure adherence with and implementation of all CLPPB contract requirements, including the CLPPB Work Plan, and with CLPPB policies and procedures.	Ongoing	AA, CC/HES	☒ Monitor compliance of SOW and contract. ☒ Maintain evidence of CLPPB contract performance (e.g., Progress Reports, quarterly meeting minutes, duty statements). ☒ Ensure staff providing services to children has and maintains professional qualifications and criteria.
e. Ensure CLPPB representation in person or by phone conferencing, audio or video formats, at CLPPB-sponsored meetings and trainings, and CLPPB working groups as requested. These would include but not be limited to, regional and statewide program meetings, trainings for new CLPPB coordinators, training on time study documentation as appropriate, and training on the use of the CLPPB data system and trainings for other CLPPB personnel as required.	Ongoing	CC/HES, AA	☒ Participate in CLPPB-sponsored meetings, trainings, and working groups.
f. Ensure that all staff providing services to children under this contract have and maintain the professional qualifications and criteria (education, licenses, and training) required by CLPPB. Notify CLPPB as soon as possible when staff changes occur, but no later than five working days.	Ongoing	CC/HES	☒ Record of (current) professional qualifications for all staff providing services to children.
g. Convene and conduct CLPPB Team quarterly meetings, in person or through phone conferencing, video or audio formats, with participation by all CLPPB team members.	Quarterly	CC/HES	☒ Minutes from quarterly meetings.

Exhibit A
Scope of Work / Work Plan

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
h. Assure that required CLPPP documentation is submitted in a timely manner and according to CLPPB requirements, including but not limited to, case management forms and documents, and bi-annual CLPPP Progress Reports.	Ongoing	Public Health Nurse (PHN)/<u>Supervising Public Health Nurse (SPHN)</u> AA, CC/HES Fiscal Assistant (FA)	Submit the following documents to CLPPB: ☒ Case management forms and documents ☒ Bi-annual CLPPP Progress Reports ☒ Other: Prepare, compile, and submit program budgets, fiscal reports, revisions, and corresponding documentation.
2. Tier 2- The Local Health Jurisdiction is encouraged to complete additional activities (in addition to the "All CLPPPs" basic functions). Refers to those programs receiving larger funding allocations. <i>(Details of the activities are to be specified by the Local Health Jurisdiction.)</i> Indicate which activities will be conducted with a check mark: ☐ Host and/or facilitate one or more regional meetings or CLPPB-sponsored trainings. ☐ Other (please specify):	Indicate timeline for Tier 2 activities:		Indicate which items will be completed with a check mark: ☐ Agendas from CLPPB-sponsored meetings/trainings. ☐ Other (please specify):

Exhibit A
Scope of Work / Work Plan

Goal 2: Decrease the exposure of children to lead and the incidence of increased childhood blood lead levels.

Objective 2-1: Inform families and child caregivers who are responsible for children at risk of lead exposure about how to prevent lead exposure and teach them that there is no known safe level of lead in the body.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
1. All CLPPPs shall develop and implement Outreach and Education activities according to CLPPB standards, as indicated in the <i>Planning Guide for Lead Program Coordinators: Planning Outreach and Education to Prevent Childhood Lead Exposure</i> and updates. Activities should be appropriate for the jurisdiction. The breadth and extent of the activities should be proportional to the applicant's resources. Local Health Jurisdictions are encouraged to collaborate with other health programs and with environmental or housing programs, to maximize resources and populations reached. Each year of the contract, the CLPPP will raise awareness or alter opinions and attitudes by conducting two of the following activities: (Details of the activities are to be specified by the Local Health Jurisdiction.) Indicate which activities will be conducted with a check mark. ☒ Media or social marketing campaigns One (1) paid radio advert package which will air during Childhood Lead Poisoning Prevention Week. The ad will air at least 15 times, and is expected to reach 76,000 listeners	Ongoing Indicate timeline for Objective 2-1 activities below: 10/2014 10/2015 10/2016	CC/HES	Indicate which items will be completed with a check mark: ☒ Pre-testing of program outreach materials. ☒ Description of media campaigns, health fairs, and/or presentations. ☒ Educational print materials for families, caregivers, and/or schools. ☒ Quantity and description of people reached by activities. ☒ Presentation materials ☒ Survey instruments (e.g., pre/post-tests, needs assessments) ☐ Case management information ☐ Case status reports ☐ Behavior change and/or knowledge gain outcomes. ☒ Other (please specify): Process Evaluation: Date, time, number of listeners reached, and stations the ads ran on will be recorded.

Exhibit A
Scope of Work / Work Plan

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
• CPSC, CDPH, And FDA lead related product recall notifications will be sent to an up-to-date email distribution list of subscribers on an as-needed basis averaging one (10 per month) in order to provide lead awareness information.		CC/HES	Process Evaluation: Date, type and number of recall notifications sent will be recorded
☒ Health fairs • Outreach and education with the intention to reach 600 community members with a focus on the prevention of lead exposure.	Ongoing - Minimum 1 Health Fair each of the four contract years	CC/HES	Process Evaluation: Description of health fairs (location and date), number of health fair attendees, and number of materials distributed at health fairs will be recorded
☐ neighborhood campaigns ☒ Presentations to childcare givers, parents, families and schools • Two (2) educational presentations to child caregivers, parents, and/or families of at-risk children, with the intention to reach 50 families with a primary focus on children and families targeted by California's most current blood lead screening regulations. The presentations will focus on prevention of lead exposure	Ongoing	CC/HES	Process Evaluation: • Presentation outlines and curriculum, attendance records (sign-in sheet), and number of materials distributed to presentation attendees will be recorded. Outcome Evaluation: • Pre-tests and post-tests will be given at all of the presentations.
• One (1) mass mailing to 33 school offices with will include lead poisoning prevention information and a description of local CLPPP services.	Ongoing	CC/HES	Process Evaluation: • Date, number of mailings, and approximate number of students reached will be recorded.

Exhibit A
Scope of Work / Work Plan

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
☒ other CLPPP activities (approved by the CLPPB). <i>Please specify:</i> (e.g., The CLPPP will provide outreach materials to entities that provide services to pregnant women to raise awareness about lead and prepare a safe environment for infants.) Lead education during home visits.	Ongoing	PHN	Process Evaluation: Date of home visit and number of informational materials distributed to the family during the home visit will be recorded.
2. Tier 2- The Local Health Jurisdiction is to add one or more additional activities to support the objective, as resources allow. These additional activities require prior approval from CLPPB. The number, breadth, and extent of the activities are expected to be proportional to the funding and resources provided in the contract. <i>(Details of the activities are to be specified by the Local Health Jurisdiction.)</i> <i>Please specify:</i>	Indicate timeline for Tier 2 activities:		Indicate which items will be completed with a check mark: ☒ Description of media campaigns, health fairs, and/or presentations. ☐ Educational print materials for families, caregivers, and/or schools. ☒ Quantity and description of people reached by activities. ☐ Presentation materials ☐ Survey instruments (e.g., pre/post-tests, needs assessments) ☐ Behavior change and/or knowledge gain outcomes. ☐ Other (<i>please specify</i>):

Exhibit A
Scope of Work / Work Plan

Objective 2-II: Inform health care providers of their legal responsibilities with respect to counseling on how to avoid lead exposure and lead poisoning and of available case management and other services for children with increased blood lead.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
1. Provide outreach and education to health care providers. <i>(Details to be specified by the CLPPP, examples given below)</i> Activities should be appropriate for the applicant's resources. Programs are encouraged to collaborate with other health programs to maximize resources and health care providers reached.	Ongoing	CC/HES PHN	Bi-annual Progress Reports using CLPPB Progress Report Format
All CLPPPs programs must indicate at least two activities below they will conduct. ☐ Grand Rounds presentations to health care providers ☐ Brown-bag presentations ☐ Nursing or medical school lectures ☒ Mailing or distributing newsletters, brochures, or informational program materials for healthcare providers and distribution to their patient population. ☒ Outreach to clinics ☒ Outreach to centers and staff of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Child Health and Disability Prevention Program (CHDP) ☐ Other CLPPP activities (approved by the CLPPB). <i>Please specify:</i>	Ongoing	CC/HES PHN	Indicate which items below will be completed with a check mark: ☒ Description of outreach to providers and/or WIC/CHDP staff. ☒ Presentation materials ☒ Record of number of clinics/staff/providers reached. ☐ Presentation evaluation ☒ Pre/post-tests examining knowledge gains and/or behavior change ☐ Informational program materials ☐ Other <i>(please specify)</i>:

Exhibit A
Scope of Work / Work Plan

2. Tier 2- The Local Health Jurisdiction is to add one or more additional activities (approved by CLPPB) to support the objective, as resources allow. The number, breadth, and extent of the activities are expected to be proportional to the funding and resources provided in the contract. <i>Please specify activities:</i>	<i>Indicate timeline for Tier 2 activities:</i>		<i>Indicate which items will be completed with a check mark:</i> ☐ Description of outreach to providers ☐ Presentation materials ☐ Record of number of clinics/staff/providers reached ☐ Presentation evaluation ☐ Pre/post-tests examining knowledge gains and/or behavior change ☐ Informational program materials ☐ Other (<i>please specify</i>):
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Exhibit A
Scope of Work / Work Plan

Objective 2-III: Increase awareness of lead hazards among those local governmental agencies and businesses that can assist in decreasing lead exposures to children. Examples include code enforcement, building departments, other environmental agencies, and health officer and business associations. Examples of businesses include home improvement stores, hardware stores, paint stores, garden supply and landscaping.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
1. Maintain collaborative working relationships with local enforcement agencies and businesses. This should be achieved by collaborative activities that reach these groups. Programs are encouraged to collaborate with other local governmental or business programs, to maximize resources and groups reached. All CLPPPs must indicate at least <i>two</i> activities below they will conduct. The breadth and extent of the activities chosen are expected to be proportional to the funding and resources provided in the contract. ☐ Promote displays and educational activities concerning lead hazard awareness at meetings that are focused on potential lead hazard-related activities, such as local code enforcement groups or environmental groups. ☐ Stock lead hazard awareness materials at local building permit offices and/or at other government agencies or businesses.	Ongoing	CC/HES Registered Environmental Health Specialist (REHS)	Bi-annual Progress Reports using CLPPB Progress Report Format <i>Indicate which items below will be completed with a check mark:</i> ☐ Description of lead hazard awareness promotion undertaken at lead hazard-related meetings. ☐ Number of people reached through outreach at lead-hazard meetings. ☐ Other (please specify): ☐ Record of number of materials distributed. ☐ Other (please specify):

Exhibit A
Scope of Work / Work Plan

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
☒ Inform local agencies about applicable regulations and statutes, including legislative and regulatory requirements in: Health and Safety Code, Sections 17961, and 105251 to 105256; State Housing Law, Section 17920.10; Civil Code, Section 1941.1, and California Code of Regulations, Sections 35001 to 36100.	Ongoing	CC/HES REHS	☒ Educational materials regarding codes and requirements. ☐ Number of phone calls, referrals, and interagency meetings. ☐ Meeting agendas, minutes, sign-in sheets. ☐ Other (please specify):
☒ Promote displays and educational activities concerning lead hazard awareness in businesses that are focused on potential lead hazard-related activities, such as hardware, home improvement, and garden supply stores.	Ongoing	CC/HES	☒ Description of lead awareness activities undertaken in relevant businesses. ☒ Number of people reached through outreach in businesses. ☐ Other (please specify):
☐ Promote displays in businesses that deal in products that have been found to contain lead, such as children's furniture stores.			☐ Description of lead awareness activities undertaken in relevant businesses. ☐ Number of people reached through outreach in businesses. ☐ Other (please specify):
☐ Other CLPPP activities (approved by the CLPPB). Please specify:			Please specify evaluation/deliverables related to other activities:
2. Tier 2- The Local Health Jurisdiction is to add one or more additional activities or other types of activities (approved by CLPPB) to support the objective, as resources allow. The number, breadth, and extent of the activities are expected to be proportional to the funding and resources provided in the contract.	Indicate timeline for Tier 2 activities:		☐ Description of lead awareness activities undertaken in relevant businesses and/or governmental agencies. ☐ Number of people reached through outreach activities. ☐ Other (please specify):
Please specify activities:			

Exhibit A
Scope of Work / Work Plan

Objective 2-IV: Inform CLPPB of any newly suspected or newly identified sources of childhood lead exposure (other than paint, dust, soil or water), such as specific home remedies and brands of imported foods, etc., so that CLPPB can follow up with State and federal agencies. This refers especially to substances not previously known to contain lead, rather than recognized sources newly identified as associated with a particular child. (Once CLPPB confirms that the source is lead-contaminated, CLPPB will advise all the CLPPPs and provide information to help them address the problem locally, as appropriate. CLPPB will also work with State and federal authorities to eliminate the source.)

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
1. All CLPPPs shall be alert to potential new sources of childhood lead exposure and report any such sources to CLPPB as soon as possible.	Ongoing/ Episodic	PHN	☒ Reports of sources to CLPPB. ☐ Other (please specify):
2. Tier 2- The CLPPP is encouraged to consider approaches to identification of other sources of lead exposure and add further activities (approved by CLPPB) to support the objective, as resources allow. (Details are to be provided by the Local Health Jurisdiction.) Please specify activities:	Indicate timeline for Tier 2 activities:		☐ Description of approaches to identification of other sources of lead exposure. ☐ Other (please specify):

Exhibit A
Scope of Work / Work Plan

Objective 2-V: Identify and maintain contact with liaisons in other health programs and community groups in the CLPPP's jurisdiction to facilitate information-sharing and potential development of joint outreach and education programs. Other health programs include, in particular, Child Health and Disability Prevention (CHDP), Maternal and Child and Adolescent Health (MCAH), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Head Start, and appropriate managed care plans serving low-income children, including those in Healthy Families and Medi-Cal Managed Care.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
1. Develop and maintain contact file, including the names of liaisons, for all government-assisted health programs in the CLPPP jurisdiction, to include Child Health and Disability Prevention (CHDP), Maternal Child and Health (MCAH), Women, Infants, and Children (WIC), Head Start, and Medi-Cal (including Medi-Cal Managed Care Plans). For example, if the county provides Medi-Cal through a Managed Care organization, identify the Plan's liaison for lead. 2. Collaborate with the liaisons in developing strategies for preventing lead exposure, increasing screening, identifying lead-exposed children, and disseminating information on available government-assisted health care programs. All CLPPPs must indicate at least one activity which will be accomplished. Outreach activities conducted with other health programs to achieve this objective may coincide with those specified in Objectives 2-I and 2-II.	If the CLPPP has not already established such relationships, they shall be established within the first half of fiscal year 2014-15. Ongoing Ongoing	CC/HES CC/HES	For all Objective 2-V deliverables, indicate which items will be completed with a check mark: ☒ Contact file, including names of liaisons for government-assisted health programs in the CLPPP jurisdiction. ☒ Description of collaborative strategies. ☐ Evaluation of collaborative strategies. ☐ Other (please specify): As above

Exhibit A
Scope of Work / Work Plan

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
☒ CLPPP will offer to participate in other government-assisted health care program meetings on development of their forms and tools to ensure the inclusion of required lead poisoning anticipatory guidance and screening. ☐ CLPPP will inform other programs about services provided, such as compiling a brief annual summary of the care management and outreach activities provided to plan members for the local Medi-Cal Managed Care Plan.			☒ Participation in government-assisted health care program meetings. ☒ Agendas, meeting minutes, meeting outcomes. ☐ Other (please specify):
☐ Other CLPPP activities (approved by the CLPPB). Please specify: Two (2) Fingerstick Trainings in local medical offices. The CLPPP will partner with a CHDP PHN to conduct these trainings. It is estimated that 25 clinics staff will participate in these trainings.	Ongoing	CC/HES PHN	☐ Description of outreach to other programs. ☐ Evaluation of outreach to other programs. ☐ Other (please specify): ☒ Other (please specify): Process Evaluation: Attendance records (sign -in sheet), and number of materials distributed to training attendees will be recorded. Outcome Evaluation: Pre-tests and post tests will be given.

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Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
2. Tier 2- The CLPPP is to add one or more activity of the type indicated above, or with community groups as in the example below, to support the objective. The number, breadth, and extent of activities are expected to be proportional to the funding and resources provided in the contract. An example of further potential activities is given below: ☐ Conduct liaison activities with additional groups such Early Start, Black Infant Health, and other groups in the jurisdiction that conduct health-related outreach and education and/or improve access to health care. Activities are to be approved by CLPPB. (<i>Details of the activities are to be specified by the Local Health Jurisdiction</i>). Other activities (approved by CLPPB). Please specify:	Indicate timeline for Tier 2 activities:		☐ Description of collaborative strategies. ☐ Evaluation of collaborative strategies. ☐ Description of outreach to other programs. ☐ Evaluation of outreach to other programs. ☐ Other (<i>please specify</i>):

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Goal 3: Improve the detection of lead-exposed children by assuring that all at-risk children receive blood lead screening tests at appropriate ages.

Objective 3-I: Develop and implement strategies to increase the proportion of at-risk children who are blood lead tested, using 2011 data as a baseline for the number of children tested in the jurisdiction as reported to CLPPB, or other appropriate data source chosen in consultation with CLPPB.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
1. All CLPPBs must conduct the following activities: a. Provide outreach and education to families of high-risk children targeted by California's most current blood lead screening regulations and to child caregivers for such families, regarding screening for lead poisoning. (For guidance, you may refer to the CLPPB's <i>A Planning Guide for Lead Program Coordinators: Planning Outreach and Education to Prevent Childhood Lead Exposures</i> and updates.) b. Inform health care providers of their legal responsibilities with respect to screening and testing for lead poisoning and of available case management services, and communicate the importance of supplying complete patient information to laboratories when sending samples out for blood lead analysis or when referring children for blood lead analysis. c. In its application, the CLPPP may propose additional activities reaching other children and families if resources permit or if a high risk is demonstrated. (<i>Details are to be specified by the Local Health Jurisdiction.</i>) Outreach activities conducted to achieve this objective may coincide with those specified in Objectives 2-I and 2-II. Indicate activity here:	Ongoing	CC/HES	<i>For all Goal 3 deliverables, indicate which items will be completed with a check mark:</i> ☒ Description of outreach to families ☒ Evaluation of outreach to families (e.g., number of families reached, pre/post-tests) ☒ Other (<i>please specify</i>): • Biannual Progress Reports using CLPPB Report Format • Status Reports, case management information, and other contract-related information as requested by CLPPB for program review (such as copies of outreach materials and event schedules kept on file) ☒ Description of activity for health care providers ☒ Evaluation of activity for health care providers (e.g., number of providers reached, pre/post-tests, training evaluation) ☐ Other (<i>please specify</i>):

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Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
• Outreach and education at one (1) health fair with the intention to reach 600 community members and with a focus on increasing the number of blood lead tests of at-risk children, coinciding with Objective 2-I, activity 1a. • Two (2) educational presentations to child caregivers, parents, and/or families of at-risk children, with the intention to reach 50 families and a primary focus on children and families targeted by California's most current blood lead screening regulations and with a focus on increasing the number of blood lead tests of at-risk children, coinciding with Objective 2-I, Activity 1b. d. In the event that the CLPPP receives a referral from CLPPB regarding a family at risk from take-home exposure, the Local Health Jurisdiction will contact the family to advise of the need for screening. ☐ Other CLPPP activities (approved by the CLPPB). Please specify:			CLPPP will submit: (All must be checked except other). ☒ Case management information ☒ Status reports ☐ Other (please specify):

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Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
2. Tier 2- The CLPPP is encouraged to add other, additional activities to support the objective, as resources allow. The number, breadth, and extent of activities are expected to be proportional to the funding and resources provided in the contract. Examples are given below. Activities are to be approved by CLPPB. <i>(Details are to be specified by the Local Health Jurisdiction.)</i> <i>Indicate which activities will be completed with a check mark:</i> ☐ Engage local community-based and ethnic organizations to assist in outreach to providers and at-risk communities. ☐ Identify high-risk communities or neighborhoods in which to focus the strategies. ☐ Improve access and remove barriers to screening by building finger stick testing capacity, setting up (with prior CLPPB approval) screening sites that are alternatives to existing clinical sites, etc. ☐ Other CLPPP activities (approved by the CLPPB). <i>Please specify:</i>			<i>Indicate which items will be completed with a check Mark:</i> ☐ Description of outreach to local community-based and ethnic organizations ☐ Evaluation of outreach (e.g., pre/post-tests) ☐ Plan for improving finger stick testing capacity ☐ Other <i>(please specify):</i>

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Goal 4: Management of lead-poisoned children shall meet standards of care.

Objective 4-I: Assure timely and appropriate case management of lead-exposed children in accordance with CLPPB standards.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
1. All CLPPBs must conduct all of the following activities: a. Assure that when the CLPPP is notified of a lead-exposed child whose blood lead level meets "case" definition, the Public Health Nurse (PHN) shall coordinate care in compliance with: i. California Health and Safety Code Section 105275 et seq. (appropriate case management); ii. CLPPB Program Letters. b. Assure that when the CLPPP is notified of a lead-exposed child whose blood lead levels meet "case" definition, all appropriate PHN and Environmental Professional (EP) case management activities, including maintenance of accurate and complete surveillance and case management documentation and provision of education and informational materials, are conducted in accordance with: i. The <i>CLPPB Public Health Nursing Manual (PHN Manual)</i>, September 2002 and updates; ii. Title 17 Section 35001, et seq. (Accreditation, Certification, and Work Practices for Lead-Based Paint and Lead Hazards); iii. Childhood Lead Poisoning Prevention Branch, <i>Guidance Manual</i>	Ongoing	CC/HES, PHN	For all activities under Objective 4-I, CLPPP will conduct described activities and will submit: (All must be checked except "other"). ☒ Biannual Progress Report ☒ Status reports and case management information ☒ CLPPB Lead Poisoning Follow-Up Forms ☐ Other (please specify):
	Ongoing	PHN, REHS, <u>Supervising Registered Environmental Health Specialist (SREHS)</u>	

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Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
<i>for Environmental Professionals, June 26, 2012, and updates;</i> iv. Lead Poisoning Follow-Up Form; v. Lead Test Kit Fact Sheet, Appendix 8 of the June 26, 2012 <i>Guidance Manual for Environmental Professionals</i> (use of test kits such as Lead Check Swabs by CLPPP staff); and vi. The <i>CLPPB Surveillance and Data Management Manual</i>.			
c. Assure that when notified of a lead-exposed child whose blood lead levels meet "State case" definition, or of a child with an elevated blood lead level requiring follow-up to confirm the child's "State case" status, the primary care provider following the child is contacted about the lead level, knows of the services being provided by the CLPPP, is informed of resources for medical follow-up and treatment as indicated, including a Public Health Nurse Home Visit and an Environmental Investigation By an Environmental Professional. Assure that the primary care provider recommends an environmental investigation if these services will be provided through the Medi-Cal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.	Ongoing	PHN	☒ CLPPP will maintain and submit when requested, documentation of contact with Primary Care Provider (e.g., chart notes, email).

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Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
d. Assure that when notified of a lead-exposed child with a single blood lead level of 15-19 mcg/dL, or of a child with a blood lead level that would meet any updated State case definition if persistent, that these children receive appropriate follow-up blood lead testing.	Ongoing	PHN	
e. Assure that children meeting CLPPB State case criteria receive appropriate case management as delineated in the <i>PHN Manual</i> and updates including an environmental investigation and follow-up.	Ongoing	PHN	
f. Assure that children meeting case criteria whose blood lead levels do not decline as expected receive appropriate follow-up including repeat home visits and targeted environmental investigations including secondary addresses if indicated.	Ongoing	PHN/ <u>SPHN</u>	
g. Assure that children with increased blood lead levels, but not meeting the criteria for full case management, receive appropriate services as delineated in CLPPB Program Letters.	Ongoing	PHN	
h. Assure that the CLPPB is notified if a child is found to have been designated as a "State case" in error or on follow up, does not achieve "State case" status.	Ongoing	PHN/ <u>SPHN</u>	

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
i. Assure that CLPPB is notified if a child identified as a "case," or with a single blood lead level of 15-19 mcg/dL, or with a single blood lead level that would meet any updated State case definition if persistent, has been designated in error as residing in your jurisdiction but actually lives elsewhere or has moved, before case management or follow up is started.	Ongoing	PHN	
j. Assure that when a lead-poisoned child moves out of the jurisdiction, case management is coordinated with other CLPPPs as described in the <i>PHN Manual</i> and the <i>Guidance Manual for Environmental Professionals</i> .	Ongoing	PHN	
k. Assure that follow up information is provided to the primary care physician on case management and status.	Ongoing	PHN	
l. Submit Follow-up Forms and related documentation to CLPPB in a timely fashion, as specified in the <i>PHN Manual</i> and in CLPPB Program Letters. CLPPPs with write capability are to enter case data into RASSCLE II as per objective 6-1.	Ongoing	PHN	
m. Assure that if there are significant changes in the status of a case, that an updated Lead Poisoning Follow-Up Form is submitted to the CLPPB in a timely manner. Significant changes, for example, include chelation, updated source information and clearance inspections by EPs.	Ongoing	PHN	

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n. Assure that if the child is eligible for, but does not receive services through a government-assisted health care or nutrition program [Medi-Cal, Child Health and Disability Prevention (CHDP), Healthy Families or local plan, and Women, Infants, and Children (WIC)], or an early childhood development program, such as Head Start or Early Head Start, the family is advised of the availability of such services. o. Assure that a lead-poisoning case is referred to California Children's Services for determination of eligibility and medical case management, as appropriate. p. Assure that if take-home lead exposure is suspected as the source of the child's elevated blood lead level, the PHN will contact the California Occupational Lead Poisoning Prevention Program, as per the <i>PHN Manual</i>. q. Review and reconcile the list from the State database of open and closed lead poisoning cases for the Local Health Jurisdiction as requested. r. If the applicant is or applies to be a participant in the X-Ray Fluorescent (XRF) Instrument Loan Program, the applicant shall participate fully in that program, as specified in CLPPB Program Letters and the <i>Guidance Manual for Environmental Professionals June 26, 2012</i> and updates, including monthly submittal of XRF printouts for quality assurance.	Ongoing Ongoing Ongoing N/A	PHN PHN PHN PHN REHS	☒ Monthly submission by each Environmental Professional of XRF Print-out Form, EI/Clearance, or office practice if no fieldwork was done. ☒ Conduct routine maintenance, resourcing, and assure bi-annual leak testing of each XRF instrument.

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Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
s. The CLPPP is encouraged to partner with non-governmental organizations (such as community groups) to enhance education on lead and prevent further lead exposure.	Ongoing	CC/HES	☒ Description of partnerships with non-governmental groups ☒ Meeting agenda and minutes ☒ Training materials ☒ Attendance sheets ☐ Other (please specify):
t. Case records shall be retained and handled according to CLPPB requirements, including those set forth in program letters and the contract, and the CLPPB Surveillance and Data Manual.	Ongoing	PHN	
u. The Local Health Jurisdiction is encouraged to add additional activities to support this objective for other lead-exposed children, as resources allow.	Ongoing	PHN/ <u>SPHN</u>	
Specify other CLPPP activities (approved by the CLPPB).			

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2. Tier 2- The Local Health Jurisdiction is encouraged to add additional activities to support the objective, as resources allow. The number, and extent of activities are expected to be proportional to the funding and resources provided under the contract. An example of such an activity is given below. ☐ When notified about a child with an increased blood lead level that does not meet state blood lead criteria for required public health nursing and environmental services as described above, services may be provided as resources allow, to assure appropriate follow-up and prevent further rise in blood lead levels. These measures might include outreach and education materials sent to the family or health care provider, or public health and/or environmental interventions, or other activities. Specify other CLPPP activities (approved by the CLPPB).	<i>Indicate timeline for Tier 2 activities</i>		☐ Outreach plan to address children with increased blood lead levels that do not meet the State case definition. ☐ Education materials for family and/or health providers of children with increased blood lead levels that do not meet the State case definition. ☐ Evaluation of strategies to address children with increased blood lead levels that do not meet the State case definition. ☐ Other (<i>please specify</i>):

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Objective 4-II: Assure that non-environmental sources of lead exposure are eliminated.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
1. All CLPPPs must conduct all of the following activities: a. Monitor blood lead levels to be sure that all sources of lead exposure have been identified and removed. b. Ensure that the family is informed of possible sources of lead, such as remedies or potentially lead-contaminated food, spices, dishware, and other consumer products. c. Ensure that CLPPB is notified of newly suspected or identified sources of lead as outlined in Objective 2-V.	Ongoing	PHN	<i>For all activities under this objective CLPPP will submit:</i> ☒ Biannual Progress Reports ☒ Status reports, case management information, and other contract-related information. ☒ CLPPB Lead Poisoning Follow-Up Forms ☐ Other (please specify):

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Goal 5: Lead hazards that are identified shall be eliminated.

Objective 5-1: Use progressive notification and action to achieve elimination of lead hazards identified during environmental investigations for lead-exposed children.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
1. All CLPPPs must conduct all of the following activities: a. When lead hazards are identified during an environmental investigation for a lead-exposed child whose blood lead level meets "case" definition, the EP shall use progressive notification and other follow-up actions (including property visits, administrative hearings, and referral to coordination with other enforcement agencies) as needed to ensure that sources of exposure are reduced or eliminated and that the address has achieved clearance. Lead hazards to be eliminated and procedures to be followed are as described in: i. Title 17, Section 35001 <i>et seq.</i> (Accreditation, Certification, and Work Practice Practices for Lead-Based Paint and Lead Hazards); ii. Childhood Lead Poisoning Prevention Branch, <i>Guidance Manual for Environmental Professionals</i>, June 26, 2012, and updates.	Ongoing	REHS/SREHS	<i>For all activities under this objective CLPPP will submit:</i> ☒ Copy of relevant page of CLPPB Lead Poisoning Follow-Up Form for addresses achieving clearance, attached to appropriate Progress Report. ☒ Biannual Progress Reports ☒ Other (<i>please specify</i>): A summary of steps taken attached to the Biannual Progress Report, with documentation available upon CLPPB request.

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Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
b. Track the following regarding state case-related properties for submittal in the bi-annual CLPPP progress report: number of properties with identified lead hazards, number of property owner lead hazard notification letters and other correspondence, number of properties currently open for follow-up and the number of calls/e-mails and visits to open properties, and number of properties achieving clearance.	Ongoing	REHS/SREHS	☒ Documentation of all correspondence to property owners. ☒ Semi-annual list of cleared inspections.
c. When a property owner fails to comply with lead hazard reduction or elimination, the EP will contact local enforcement agencies and take other steps to secure enforcement.	Ongoing	REHS/SREHS	☒ Documentation of follow-up steps with local enforcement agency.
d. The Local Health Jurisdiction is encouraged to add further activities to support this objective, and to enhance collaboration with other groups and agencies in achieving this objective, as resources allow. Examples of such activities are given under Tier Two, below. Specify activities (approved by CLPPB):	Ongoing		

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Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
2. Tier 2- The Local Health Jurisdiction is to add one or more activities to support this objective and to enhance collaboration with other groups and agencies in achieving this objective, as resources allow. a. Indicate which activities below will be completed with a check mark: ☐ Elimination of lead hazards identified for other lead-exposed children with increased blood lead levels, whose blood lead levels do not meet CLPPB "case" definition. ☐ Education of enforcement agency partners (i.e., city and/or county building departments, housing departments) in protecting children with increased blood lead levels, or children at risk for lead exposure, by providing education in lead hazard compliance and enforcement, lead-safe work practices, and visual assessment. ☐ Evaluation of other units in multi-unit buildings where a source of lead is identified.. ☐ Education of other tenants in multi-unit buildings where a child with a blood lead level that meets case definition has been identified, while maintaining confidentiality about the presence of the lead exposed child. ☐ Other activities suggested by the CLPPP (and approved by CLPPB).	Indicate timeline for Tier 2 activities:		☐ Provide documentation of follow-up and management of elevated blood levels and lead hazard mitigation. <i>Indicate which items will be completed with a check Mark:</i> ☐ Description of outreach to enforcement agency partners. ☐ Results of evaluation of other units in multi-unit buildings where a source of lead is identified. ☐ Description of outreach to other tenants in multi-unit buildings where a child with a blood lead level that meets case definition has been identified. ☐ Other (please specify):

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Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
Please specify: b. Outreach and education activities carried out in support of this objective may coincide with Tier 2 activities specified in Objective 2-III. c. The number, breadth, and extent of activities are expected to be proportional to the funding and resources provided in the contract.			

OPTIONAL FUNDING

Local Health Jurisdictions wishing to apply for optional funding for additional activities to achieve elimination of lead hazards need to submit work plan activities for the scope of work listed under Objectives 5-II and 5-III.

Note: The optional funds provided for Objectives 5-II and 5-III are to be allocated into the Primary contract portion of the CLPPP budget or expended as a subcontract with other government entities with prior CDPH approval.

Those not wishing to apply for this funding should proceed to Goal 6.

Objective 5-II: Develop and implement activities designed to prevent lead-exposed children and at-risk children from exposure to lead hazards.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
All CLPPPs must conduct the following activities under Objective 5-II 1. Protect children with known blood levels that show lead exposure from additional exposure to environmental lead hazards by:	NA <u>Ongoing</u>	NA <u>REHS/SREHS</u>	For all activities under this objective, CLPPP will submit: ☒ Relevant page of CLPPB Lead Poisoning Follow-up Form for addresses achieving

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Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
carrying out lead hazard evaluations (including clearance, EI, risk assessment, and other activities); ensuring proper lead abatement procedures and clearance of hazards; and verifying that abatement workers are conducting activities as required by California Code of Regulations, Title 17. a. Efforts may focus on specific high-risk population groups and/or geographic areas. b. If not already identified in the contract work plan, within six months from the start of the contract, submit a plan to CLPPB as to which children will be addressed, identifying: i. Range of blood lead levels; ii. population group(s) and/or geographic area(s).			clearance, attached to appropriate Progress Report. ☒ Biannual Progress Reports
2. Implement a program to reduce the opportunity for children being exposed to environmental lead hazards, by investigating locations where children are being exposed or have been exposed in the past, and responding as necessary with appropriate enforcement actions. a. Efforts may focus on a specific high-risk geographic area or areas of concern. b. If not already identified in the contract work plan, within six months from the start of the contract, submit a plan to CLPPB as to which geographic area(s) will be addressed or other criteria that will be used to determine the sites of	<u>Ongoing</u>	<u>CC/HES</u>	☒ Summary of steps taken to reduce childhood lead exposure, attached to the Biannual Progress Report.
☒ Description of children to be addressed by lead hazard reduction activities.			

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Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
these investigations. 3. Implement a program to reduce the opportunity for children being further exposed or at-risk children being exposed to environmental lead hazards by investigating tips and complaints about lead hazards, and by identifying lead hazards in pre-1978 dwellings and public buildings and their surroundings that are exposing children to lead, responding to each as necessary with appropriate enforcement actions. a. Efforts may focus on a specific high-risk geographic area or areas. b. If not already identified in the contract work plan, by six months from the start of the contract, submit a plan to CLPPB as to which geographic area(s) will be addressed or other criteria that will be used to determine the sites of these investigations.	<u>Ongoing</u>	<u>REHS/SREHS</u>	☒ Plan for conducting investigations in identified high-risk geographic areas. ☒ Documentation of identified high-risk geographic areas.

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4. Develop a written progressive enforcement procedure and submit it to CLPPB with the first CLPPP progress report. Progressive enforcement activities would include, for example, a letter to the property owner, followed by a Notice of Violation, an administrative hearing, and then an order to abate. a. In the absence of clearance of hazards using the above remedies, a system will be required to be in place to resolve the lead hazards, using the provisions of the State Housing Law, or local ordinances. b. The CLPPP is required to develop criteria for a property follow-up schedule, with a time line for referral to the County District Attorney for properties found to be non-compliant with the above-described enforcement actions. c. In counties where a large number of cases occur in a specific jurisdiction (high-risk area), in which the county plans to focus efforts but where the county lacks authority for legal resolution of State Housing Law cases, the county should enter into an agreement with that jurisdiction to allow for abatement and enforcement of lead hazards.	<u>Ongoing</u>	<u>REHS/SREHS</u>	☒ Progressive Enforcement Procedure

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Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
5. As resources allow, assure that interventions (including lead abatement activities) carried out to prevent lead hazards and exposing at-risk children to lead are conducted as required by Title 17, California Code of Regulations Section 35001 et seq.			
6. The breadth and extent of activities planned and carried out for items 1, 2, 3, 4, and 5 in this objective are expected to be proportional to the amount of optional funding and resources provided.	<u>Ongoing</u>	<u>REHS/SREHS</u> <u>CC/HES</u>	Indicate which activities are to be completed with a checkmark: ☐ Pre/post tests ☒ Supplemental education materials supplied to enforcement staff as needed. ☐ Other (please specify):
7. Information on activities carried out under this objective; specific populations, areas and properties targeted; and hazards eliminated, is to be submitted with each bi-annual CLPPP progress report.	<u>Ongoing</u>	<u>CC/HES</u>	☒ CLPPP Progress Reports ☒ List of targeted areas and hazards eliminated.
8. Local Health Jurisdictions are encouraged to evaluate and modify activities that support the objective, with approval from CLPPB.			

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Objective 5-III: Increase collaboration with local building departments, housing departments, code enforcement groups, environmental agencies and other groups to see that lead hazards are properly identified and eliminated.

All CLPPPs must conduct the following activities under Objective 5-III 1. Develop collaboration and partnerships with investigation and enforcement agencies (i.e., city and/or county building departments, housing departments, code enforcement agencies and environmental agencies), particularly those in specific jurisdictions that are identified as high risk for lead hazards. These would include: a. Development and implementation of programs for training of investigation and enforcement agency personnel on identifying and appropriate correction of lead hazards, as indicated for your jurisdiction. b. Fiscal support for training if needed, and as resources allow. c. Development and implementation of other activities specified by the CLPPP (and approved by CLPPB). <i>(Details of the activities are to be specified by the Local Health Jurisdiction.)</i>	<u>NA</u> Ongoing	<u>NA</u> CC/HES	<i>For all activities under this objective CLPPP will submit:</i> ☒ Meeting agendas and minutes ☐ Copies of response policy (e.g., personnel roles and responsibilities, enforcement) ☐ Documentation of training ☒ Biannual Progress Reports ☐ Other <i>(please specify)</i>: <i>CLPPP must submit all of the following:</i> ☒ List of enforcement agency contacts ☒ Description of collaborations with enforcement agencies. ☐ Other <i>(please specify)</i>:
2. Develop and implement interagency referral, reporting procedures, and cooperation with investigation and enforcement agency partners. a. Include activities such as responding to practices that create lead hazards by implementing lead hazard compliance and enforcement procedures. b. Delineate roles and responsibilities.	Ongoing	REHS/SREHS	☒ Interagency referral procedures ☒ Interagency reporting procedures ☒ List of delineated roles and responsibilities ☒ Compliance and enforcement procedures ☐ Other <i>(please specify)</i>:

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3. Develop an enforcement response policy, including the roles and responsibilities of partnering enforcement agencies. a. Submit this policy to the CLPPB, by the end of the first year of this contract.	<u>June 30,</u> <u>2016</u>	<u>REHS/SREHS</u>	☒ Enforcement policy ☐ Other (please specify):
The following 2 activities are optional. Please indicate with a check mark if you choose to conduct them. 4. ☐ As resource allow, assess the effectiveness of local government laws, ordinances, housing codes, and enforcement structures covering identified lead hazards, and determine if changes are required to ensure children are protected.			☐ Assessment of local government laws, ordinances, housing codes and enforcement structures covering identified lead hazards. ☐ Other (please specify):

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5. ☐ As resources allow, carry out other outreach and education activities with enforcement partners. Examples of such activities are: a. Providing program materials for public distribution on lead hazards to housing and building departments. b. Encouraging building department to incorporate information about lead-safe work practices into their building permit process (such as attaching pamphlets to building permits that educate about lead hazards for housing built before 1978. CLPPP activity c. Ensure building department and permit office to incorporate information about lead-safe work practices into their building permit process by asking clients if the buildings are built before 1978 to prompt staff to attach lead safe work practices brochures and RRP rule brochures to the permits.		☐ Description of outreach. ☐ Materials on renovation and remodeling. ☐ Other (please specify):
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Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
6. Collaboration and partnering with community-based organizations (CBOs) addressing lead hazards is strongly encouraged, as resources allow. Examples of activities are: a. Providing up-to-date training and educational material to CBO staff that they can employ in outreach efforts to their communities. b. Helping CBOs identify high-risk areas c. Other activities specified by the CLPPP (and approved by CLPPB). <i>Please Specify activities:</i> 7. The breadth and extent of activities planned and carried out for items 1, 2, 4, and 5 in this objective, are expected to be proportional to the supplemental funding and resources provided. 8. Information on activities carried out under this objective is to be submitted with each bi-annual CLPPP progress report. 9. Local Health Jurisdictions are encouraged to evaluate and modify activities that support the objective, with approval from the CLPPB.	<u>Ongoing</u>	<u>CC/HES</u>	CLPPP must submit all of the following: ☒ List of CBO contacts. ☒ Description of collaborations with CBOs ☒ Training and/or educational materials for CBOs ☐ Other (please specify):

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Goal 6: Program data will be maintained according to CLPPB security and confidentiality standards and a data system will be in place that will enable the collection, analysis, and dissemination of information on childhood lead exposure that can be used effectively for surveillance, identification of lead-exposed children, management of cases, epidemiology, evaluation, and program planning.

Objective 6-I: Laboratory, case management, and environmental data will be maintained in an electronic database that will allow access to timely and accurate information on individual cases, exposure sources, administrative status, summary statistics, and quality of care indicators.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
1. All CLPPPs shall utilize RASSCLE II (Response and Surveillance System for Childhood Lead Exposure II), to: a. Receive email alerts for new state defined cases, emergency blood lead test results, subsequent blood lead tests for existing cases, and transfers of state-defined cases. The Coordinator shall receive these alerts and coordinate with CLPPB RASSCLE II Administrators to ensure that appropriate CLPPP staff receive the alerts necessary for their assigned activities. b. Monitor medical and environmental information related to cases, including Lead Poisoning Follow-up Form (LPFF) data entered by CLPPB. c. Monitor blood lead tests and follow up information for individuals with increased blood lead levels who have not yet achieved case status.	Ongoing	CC/HES	For all activities listed under this objective CLPPP will submit and retain: ☒ Reports as specified in the CLPPB Surveillance and Data Management Manual. ☒ Documentation in case management records as appropriate. ☒ Report of RASSCLE II discrepancies ☒ Documentation from CLPPP's IT department regarding installation, upgrading, and maintenance of CLPPP information technology systems. ☐ Other (please specify):

Exhibit A
Scope of Work / Work Plan

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
2. All CLPPPs shall support the quality and security of RASSCLE II data by: a. Using the RASSCLE II system in accordance with the CLPPB Surveillance and Data Management Manual. i. The Coordinator shall notify CLPPB RASSCLE II Administrators immediately when staff with RASSCLE II access leave the program, and submit requests for new user accounts when additional staff need access to the system. ii. The Coordinator shall include RASSCLE II training, policies, and procedures in CLPPB staff turnover and new employee orientation plans. iii. Report any RASSCLE II data discrepancies immediately to CLPPB. b. Attending CLPPB RASSCLE II web-based and regional meetings. When possible, attendance should comprise a broad spectrum of user types, including PHNs, data management personnel, EPs, epidemiologists, and nutritionists. c. Coordinating with the CLPPP's Information Technology Department or local department that supports CLPPP data functions, to ensure that any CLPPP system on which RASSCLE II is run, conforms to CLPPB technical and security standards.	Ongoing	CC/HES	

Exhibit A
Scope of Work / Work Plan

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
3. CLPPPs inputting into RASSCLE II – Implemented on a mutually agreed upon timeframe and under the consent and direction of CLPPB: a. CLPPPs electing to enter selected clinical and/or environmental LPFF data in RASSCLE II shall: i. Enter and manage data in RASSCLE II in accordance with the CLPPP RASSCLE Data Entry Manual and adhere to any future changes to these data entry protocols or requirements. ii. Report any technical issues that prevent or hamper complete data entry to CLPPB RASSCLE II Administrators. iii. Attend RASSCLE II data entry and management protocols web-based and regional trainings. Attendance should include all CLPPP date entry personnel. iv. Designate a staff member to serve as the primary point of contact for CLPPB communications regarding data entry issues. b. CLPPPs electing to enter complete clinical and/or environmental LPFF data in RASSCLE II shall: i. Fulfill all requirements in Activity 3-a above. ii. Under a mutually agreed upon timeline and with the approval of CLPPB, implement a process to periodically audit the entry of LPFF data into RASSCLE II for accuracy.	Ongoing		

Exhibit A
Scope of Work / Work Plan

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
completeness, and compliance with the CLPPP RASCLE II Data Entry Manual and all revisions.			

Objective 6-II: Adhere to requirements for data security and confidentiality.

Activities to Support the Objective	Timeline	Staff	Evaluation/Deliverables
1. All CLPPPs must adhere to CLPPB data security and program confidentiality policies and procedures when obtaining, storing, and transmitting protected health information. These policies and procedures are delineated in: a. Health and Safety Code, Sections 124130 and 100330. b. CLPPB Surveillance and Data Manual c. Contract attachments d. CLPPB Program Letters e. Other relevant national and state confidentiality provisions, such as the Health Insurance Portability and Accountability Act (HIPAA).	Ongoing	CC/HES	☒ Copies of data security and program confidentiality protocols. ☒ Other (please specify): A signed confidentiality statements is on file at the Humboldt County Personnel Department

Exhibit B, Attachment II
Budget
(Year 2)
(07/01/15 through 06/30/16)

Personnel

Position Title	# of Staff	Annual Salary	FTE %	Annual Cost
Program Coordinator / Health Education Specialist (CC/HES)	1	\$48,934 <u>\$46,282</u>	50.00%	—\$24,467 <u>\$23,141</u>
Reg. Environmental Health Specialist (REHS)	1	\$55,443 <u>\$52,704</u>	5.00% <u>4.00%</u>	\$2,772 <u>\$2,108</u>
<u>Supervising Reg. Environmental Health Specialist (SREHS)</u>	<u>1</u>	<u>\$78,694</u>	<u>0.67%</u>	<u>\$527</u>
<u>Public Health Nurse (PHN)</u>	<u>2</u>	<u>\$76,374</u>	<u>2.66%</u>	<u>\$4,063</u>
Supervising Public Health Nurse (SPHN)	1	\$88,246	5.00% <u>2.30%</u>	\$4,412 <u>\$2,030</u>
Administrative Analyst (AA)	1	\$43,414 <u>\$37,992</u>	3.50%	\$1,520 <u>\$1,330</u>
Fiscal Assistant (FA)	1	\$28,383 <u>\$27,437</u>	3.25%	\$922 <u>\$892</u>
Total Salary				\$34,093 <u>\$34,091</u>
Fringe Benefits (47.84%)				\$16,311 <u>\$16,309</u>

Total Personnel 50,404
\$ 50,400

Operating Expenses

General Expenses (office supplies, postage, health fairs & bulletin board displays, lead check swabs, maintenance, household expense, communications, utilities).	\$2,521	<u>\$988</u>
Space/Rent (124 <u>116</u> sq. ft. @ \$2.85 <u>\$2.55</u> / sq. ft/month)	\$4,244	<u>\$3,544</u>
Equipment, Minor & Electronic Equipment		\$0
Printing (brochures, posters, fliers)		\$181
Training Expenses		\$300
Publicity (radio ad, translation services)	\$300	<u>\$250</u>
		7,546
Total Operating Expenses	\$	5,263

Travel (At CALHR reimbursement rates)

Two Northern California Regional Meetings at \$250 each = \$500
In County travel by Health Education Specialist at ~~120 to 130~~ 90 to 100 miles per month at rate of ~~.0565~~ .0575 per mile = ~~\$850~~ \$650/year est. while performing activities related to Goals 2 and 3 of the Scope of Work,
RASSCLE Regional training = \$250/person, activities under Goal 6.

Total Travel 1,600
\$ 1,400

Other Costs

Tier 3 Funding	\$0 <u>\$13,737</u>
X-Ray Fluorescence Loan Program (maintenance/resourcing)	\$2,000
Education Materials	\$0

Total Other Costs 2,000
\$ 15,737

Indirect Costs (5.67% of Total Personnel)

Indirect Costs 2,632
\$ 2,858

Annual Budget Total 64,182
\$ 75,658

Exhibit B, Attachment III
Budget
(Year 3)
(07/01/16 through 06/30/17)

Personnel

Position Title	# of Staff	Annual Salary	FTE %	Annual Cost
Program Coordinator / Health Education Specialist (CC/HES)	1	\$51,380 <u>\$45,921</u>	50.00%	-\$25,690 <u>\$22,961</u>
Reg. Environmental Health Specialist (REHS)	1	\$58,215 <u>\$50,234</u>	4.25% <u>4.00%</u>	\$2,474 <u>\$2,009</u>
<u>Supervising Reg. Environmental Health Specialist (SREHS)</u>	<u>1</u>	<u>\$78,694</u>	<u>2.25%</u>	<u>\$1,771</u>
<u>Public Health Nurse (PHN)</u>	<u>1</u>	<u>\$76,374</u>	<u>1.50%</u>	<u>\$1,146</u>
<u>Public Health Nurse (PHN)</u>	<u>1</u>	<u>\$69,124</u>	<u>1.50%</u>	<u>\$1,037</u>
Supervising Public Health Nurse (SPHN)	1	\$88,246 <u>\$88,260</u>	4.25% <u>1.50%</u>	\$3,750 <u>\$1,324</u>
Administrative Analyst (AA)	1	\$45,584 <u>\$38,758</u>	2.50% <u>3.36%</u>	\$1,140 <u>\$1,302</u>
Fiscal Assistant (FA)	1	\$29,802 <u>\$27,065</u>	2.50% <u>3.50%</u>	\$745 <u>\$947</u>
Total Salary				\$33,799 <u>\$32,497</u>
Fringe Benefits (48.01%)				\$16,225 <u>\$15,601</u>

Total Personnel 50,024
\$ 48,098

Operating Expenses

General Expenses (office supplies, postage, health fairs & bulletin board displays, lead check swabs, maintenance, household expense, communications, utilities).	\$2,377
Space/Rent (124 sq. ft. @ \$ 2.836/ sq. ft/month)	\$4,220
Equipment, Minor & Electronic Equipment	\$0
Printing (brochures, posters, fliers)	\$172
Training Expenses	\$300
Publicity (radio ad, translation services)	\$300
Total Operating Expenses	\$ 7,369

Travel (At CALHR reimbursement rates)

Total Travel \$ 1,500

Two Northern California Regional Meetings at \$250 each = \$500
In County travel by Health Education Specialist at 105 to 115 miles per month at rate of .0565 per mile = \$750/year est. while performing activities related to Goals 2 and 3 of the Scope of Work, RASSCLE Regional training = \$250/person, activities under Goal 6.

Other Costs

Tier 3 Funding	\$0 <u>\$13,737</u>
X-Ray Fluorescence Loan Program (maintenance/resourcing)	\$2,000
Education Materials	\$0
Total Other Costs	2,000 \$ <u>15,737</u>

Indirect Costs (5.60% of Total Personnel)

Indirect Costs 2,617
\$ 2,695

Annual Budget Total 63,510
\$ 75,399