MCEH CoIIN Change Package

MISSOURI

Key:

- The changes listed here are the changes that the **Missouri** state team decided to test throughout the CoIIN. (*This is not the full MCEH CoIIN Change Package.)*
- The majority of the changes that Missouri decided to test have been ranked by "leverage" from 1 (low leverage, not very important) to 5 (high leverage, very important). You will find these rankings in the third, right-most column of the Missouri State Team MCEH COIIN Change Package.
- Under each Primary Driver heading there is a short "recommendations" section of lessons learned that is specific to that primary driver. This data was gathered at the MCEH CoIIN Harvest on 5/5/2020.
- Text in red highlights specific activities/adaptations to each MCEH CoIIN change idea that Missouri performed.

Primary Driver 1: Clinical

Our recommendations on leverage points:

- Providing training for pediatricians, family doctors and care coordinators on signs and symptoms of lead exposure/poisoning
- Providing guidance for who does what at recommended levels of blood lead level elevations
- Using Healthcare Effectiveness Data and Information Set (HEDIS) measures with the Medicaid group helped increase testing
- Developing strong relationships with Medicaid/managed care organizations (MCOs)
- Developing Quick Guides for Providers
- Referring exposed children to Pediatric Environmental Health Specialty Unit (PESHU) specialists
- Counseling families on nutrition
- Co-locating testing with WIC

Our challenges:

- Working with OB/GYNs
- Payment processes for care coordination
- Offering blood lead testing through mobile clinics
- Right now with COVID as our #1 priority, we only have half of our Risk Assessors to conduct normal lead work.

Secondary Driver	Change Idea	Activities	Rank Change Idea from 1-5 **1** = low leverage **5** = high leverage
Prevention and Mitigation	Provide training for pediatricians, family doctors and nurse practitioners, and care coordinators on testing guidelines, signs and symptoms of lead exposure,	Public Health Nurse/Health program representative and Lead Risk assessor conducts trainings at various provider offices, local public health agencies (LPHAs), etc.	5

	treatment protocols, community resources (Head Start, Parent Training & Information Centers, etc.), navigating school accommodations, and local reimbursement processes. (Training resources: CEHN Pediatric Training Manual, PEHSU) add CDC, AAP		
	Host trainings directed at public health professionals, clinical providers and other prevention partners about childhood lead prevention, blood lead testing and treatment recommendations, lead-related requirements, policies and interventions[1] *MHN = MO HealthNet = Medicaid	Epi Ground Rounds Presentations LPHA Conferences Nursing Conferences Physician Conferences MCH Advisory Meetings WIC Presentation Parents as Teachers (PAT) Presentation MHN -Managed Care Expansion Statewide Conference of the Young Years	3
	Establish Medicaid lead poisoning prevention pilot projects[2]	Targeted 4 areas of the state for outreach and education, testing events	
	Explore local payment processes for care coordination. Care coordinators would review charts for lead testing results, follow-up for children with high levels, monitor treatment, coordinate with school and other community support/services	Work with MO HealthNet, Managed Care, LPHAs and the Department of Elementary and Secondary Education (DESE)	1
Identification and Exposure	Require Managed Care Organizations to track and report their performance on the HEDIS lead screening measure, providing incentive payments only for improvement or meeting a specific HEDIS score threshold	Conducted through MO HealthNet (Medicaid)	2
	Provide increased reimbursement rate to providers for Early and Periodic Screening, Diagnostic and Treatment services only if required blood lead testing is also conducted[3]	Conducted through MO HealthNet (Medicaid)	2
	Create a performance measure for blood lead testing of Medicaid-enrolled children and make publicly available its estimate of Medicaid-enrolled children tested for lead by age 2[3]	Using federal mandates Currently compare to state rate Using provider report cards and annual report on website	2
	Impose penalties on managed care organizations that fail to meet a specified lead screening goal, such as through a reduction in capitation rates.	Conducted through MO HealthNet (Medicaid)	2

	Create provider report cards on blood lead testing rates	Annual report cards sent to LPHA administrators to work with local providers.	3
	Educate and encourage OB/GYNs to take an environmental history during a prenatal care visit[4]	WIC staff and lead case managers are asked to share guidance and screening tools with OB/GYNs at meetings and day to day contacts.	1
	Leverage partnerships with Women, Infants and Children (WIC) clinics, local health clinics, Federally Qualified Health Centers, and school-based health centers to provide blood lead screening tests within the scope of their services. Encourage these providers to administer blood lead screening tests while Medicaid and CHIP children are visiting these clinics for other services.[2]	Conduct blood lead testing during WIC clinics if no lead nurse is available at the LPHA. Lead Risk Assessors also hold lead testing events with the LPHAs to help them increase their testing rates, especially in high-risk counties.	4
	Provide ~~universal~~ updated testing guidelines for providers to promote the most current CDC guidance for actions to begin at the level of 5 mcg/dL.	Currently revising regulations to include updated CDC reference level of 5 mcg/dL, use of screening questionnaires at all well child checks (up to age 6 years), newly defined high and general risk areas, continued mandated testing of all 1 and 2 year-old Medicaid enrolled children, and required lead risk assessments in residences of children whose venous BLL is 10 or higher.	5
	Update and provide standard Missouri screening guidance, risk maps and questionnaires using current CDC, PEHSU, AAP, and Bright Futures guidance, and including Missouri specific data to providers	Recommended guidance is being presented in draft form at every training opportunity.	5
	Collect census tract level data on BLL results in collaboration with community-based organizations, local health agencies, CDC[3]	LPHAs are provided with provider report cards for their counties.	5
	Leverage CHIP's Health Services Initiatives (HSI) provision to fund lead exposure testing (Missouri)[5]	LPHA nurses assist with lead testing events with the Lead Risk Assessors on Saturdays using CHIP funding.	5
	Utilize LPHA nurses to test children during health fairs or back-to-school events on Saturdays using CHIP funds	LPHA nurses assist with lead testing events with the Lead Risk Assessors on Saturdays using CHIP funding and the use of the Leadcare analyzers and test kits.	4
	Use HEDIS or other performance information to compare plan level performance and consider requiring managed care plans to implement performance improvement projects (PIPs) focusing on blood lead screenings[4]	MHN currently revising their standards of care in blood lead screenings.	5

	Require laboratories to electronically submit all blood lead test results to local and state health departments within a week of the result so the information can be aggregated to assist with prevention and response efforts[3]	Working with Information Technology Services Division (ITSD) to incorporate ability to systematically download lead testing results from the last few labs.	3
	Offer blood lead testing through mobile health units at clinics to improve access for at-risk populations (using portable devices to check BLL at point of care) [3]	Very few counties have mobile vans but those that have them utilize them.	2
Treatment and Mitigation	Use CHIP money for remediation for kids with EBLL	Not enough CHIP funding for remediation in Missouri	
	Refer exposed children to PEHSU specialist	Cases are referred to PEHSU when providers are not in compliance with proper measures when a child is at different levels.	5
	Use of Medicaid claims data to ensure all blood lead screening tests and confirmatory tests are submitted to DHSS (ex: Mississippi)	Claims data is used but is six months behind from MHN.	3
	Co-locate ~~treatment~~ lead testing with WIC in areas of high lead exposure	Every LPHA training invites designated lead case management nurses as well as WIC staff attendance and encourages coordinated & joint efforts to provide testing to children with the PCPs	4
	Counsel families on nutrition if child does not have adequate iron, calcium and Vitamin C intake	Conducted by Managed Care and LPHA nurses upon receipt of EBL.	5
	Support cultural awareness among physicians when surveillance data indicate children are being exposed to lead from candy, health remedies, or cosmetics[3]	This is brought up in the provider trainings provided by CLPPP.	3
	Distribute guidance documents for follow-up care for children who are identified with EBLL[1]	The three CDC guidance books are provided to providers during training.	5
	Work with schools to collect lead testing history on all students via medical history forms and to provide for ongoing developmental monitoring and IEP if needed.	Laying the groundwork by coordinating with school nurses and PAT regional meetings/webinars.	
	Provide education for parents and providers around emotional toll of lead poisoning	Education and outreach provided to parents during EBLL visits, mailings, health fairs, etc.	5
	Screen exposed children for adequate iron and calcium levels and prescribe supplements or food if needed[7]	Conducted by LPHAs and health care providers during well checks.	5
Policy	Adopt the CDC reference level for lead poisoning prevention actions[2]	Most of the LPHAs and Managed Care Plans cover case management at the level of a 5 ug/dL or greater. Lead Risk Assessments in the home are also offered at this time.	5

	Update blood lead screening, testing, and treatment guidelines. Update and provide standard Missouri screening guidance, risk maps and questionnaires using current CDC, PEHSU, AAP, and Bright Futures guidance, and including Missouri specific data to providers.	This is currently being worked on through revision of regulations.	5
	Require that lead be is a reportable disease	Lead is a reportable disease in MO.	5

Primary Driver 2: Housing

Recommendations:
n/a

Secondary Driver	Change Idea	Activities	Rank Change Idea from 1-5 **1** = low leverage **5** = high leverage
Prevention and Remediation	Educate property owners and contractors on lead including resources on how to pay or fund lead abatement	Risk Assessors work with property owners in the rural areas by offering assistance through the Community Action Centers for low interest loans.	5
	Work with and educate Code Enforcement and Landlord Associations and Realtors	Spoke at a Code Enforcement annual conference and provided outreach materials. Currently working with Landlord and Realtor Associations to speak at their meetings and or conferences.	3
	Encourage the replacement of lead-painted windows with new energy-efficient ones by including the benefits of preventing lead exposure and government dollars spent in the savings-to-investment ratio used to determine the cost effectiveness of energy upgrades[3]	Working with ILEAP and Department of Education on partnership for referrals.	5
	Require proof of appropriate EPA- compliant lead-remediation training before issuing a permit for work that is likely to disturb paint in a house before 1978 (RI and DC) [3]	This is done through Lead Licensing	5
	Remove or cover lead paint hazards in homes built before 1978 where any children with EBLL under 6 live. (MA)	Homes of children with an EBLL are followed by the Lead Risk Assessors until they pass a final clearance.	5

	Increase the number of lead-certified home contractors within the state	This is done by Lead Licensing	5
	Lead disclosure (including paint ~~and water risks~~) pre-rental and pre-sales (Rochester, NY)[3]	These are checked during Lead Risk Assessments on homes.	5
	Require Realtors share information about the harmful effects of lead with buyers/ renters	Lead Disclosure information provided to realtors.	4
	Educate Realtors on the harmful effects of lead	Through outreach and education materials. Working on being able to speak at their regional meetings.	4
	Request that ~~Prohibit~~ landlords prohibit ~~for~~ re-renting units that poisoned a child or where lead has been found and hasn't yet been abated[3,5]	This is passed on by the Lead Risk Assessors as they will follow the home until it is clearance.	5
Identification and Exposure	Collect census tract level data on water, dust, paint and soil of homes in collaboration with community-based organizations, local health agencies, CDC[3]	This is being done by Environmental Public Health Tracking (EPHT)	5
	Partner with CDC's Healthy Homes and local health departments to provide home visits to children who have EBLLs and assist their families with referrals to other resources[9, 10]	Conducted by Lead Risk Assessors. Referrals to other community or regional resources	5
Policy	Require Section 8 properties to undergo full risk assessment (not just visual)	Can only conduct if there is an EBL child.	5
	Require lead inspections for foster care homes that have EBL child/ren (NY or RI)	Currently working with Department of Social Services (DSS) to establish this relationship.	2
Other	Prevent displacement of tenants in homes with lead hazards without just cause and within six months of a finding of a high blood lead level or lead hazard in the home[3]	Done by risk assessors informing property owners that it's against the law. Must have proof of Landlord Tenant Law breach.	5
	Assess impact of policy or practice change as related to housing and lead abatement (e.g., numbers increased, dollars saved).	Lead Licensing Unit	5
	lead disclosure standards for homes built before 1978[2]	In place by law.	5

Primary Driver 3: Child Care and Schools

Recommendations:
n/a

Secondary Driver	Change Idea	Activities	Rank Change Idea from 1-5 **1** = low leverage **5** = high leverage
Prevention and Remediation	Lead testing in water in child care facilities and schools[3]	Will be conducted using the Water Infrastructure Improvements for the Nation Act (WIIN) grant	4
	Implement the EPA's 3T recommendation to test water for lead [3]	Will be conducted using the WIIN grant	4
Identification of Exposure	Educate child care professionals and facility managers how to test their facilities for lead (in paint, water, and products) such as through the Eco-Healthy Child care program	This is done by our Childcare Section during their inspections. We are currently being asked to update a web-based training that child care providers count toward their required number of education hours.	4
	Train school nurses and PAT educators how to identify children at risk for lead toxicity and how to make referrals to health care providers	Childhood Lead Poisoning Prevention Program's (CLPPP) Public Health Consultant Nurse and health program educator are working with school nurses and PAT educator staff at regional meetings (Statewide 1,700 total persons attend these)	5
	Collect census tract level data on water, dust, paint and soil of schools, child care facilities in collaboration with community-based organizations, local health agencies, CDC[3]	Conducted by EPHT	5
Treatment and Mitigation	Partner with Child Find and DESE and local health departments to identify children with elevated blood lead levels and ensure they receive needed supports and are followed in a medical home (CT)[3]	Working with DESE on Child Find and IDEA (PAT) programs as well as First Steps.	2
	Partner with local health departments to offer blood lead testing at schools through mobile health units to improve access for at-risk facilities (using portable devices to check BLL at point of care) [3]	Only two LPHAs have a mobile unit – these are being utilized. Lead Risk Assessors assist LPHA nurses at health fairs, Head Start agencies, and back to school events. CLPPP provides the Analyzers, test kits and people – thanks to MCH!	3

Policy	Enact mandatory BLL testing and documentation before entering child care or school (NY, RI, MD)	Lack of enforcement CLPPP offers free testing	5
	Modify IDEA Part B and C so neurocognitive and developmental deficits of lead exposure qualify for services and so it presumes that children with elevated BLLs are eligible for services [3]	Working with DESE for referral program.	2
	Enact laws mandating testing for lead in school drinking water (NY, IL) and child care centers (NY), and provide financial support for implementation[11]	This is in progress as an optional choice currently in legislation	2

Primary Driver 4: Community

Recommendations:
n/a

Secondary Driver	Change Idea	Activities	Rank Change Idea from 1-5 **1** = low leverage **5** = high leverage
Prevention and Remediation	Provide educational outreach concerning lead poisoning risks and interventions in targeted high-risk areas[1]	Outreach Materials provided to: Hardware Stores Daycares, Head Starts, Physician Clinics, LPHAs, Home Shows, Health Fairs, and mailed to families. Missouri CLPPP has increased number of targeted counties from 4 to 7.	5
	Invite Pediatric Environmental Health Specialty Unit (PEHSU) clinicians to public forums to provide education, training and resources on lead	Currently working with new PEHSU Director to form an Advisory/Stakeholder Group	5
	Investigate lead levels in neighborhoods near former smelter sites and other hazardous waste facilities and convey the information in a culturally competent manner in partnership with local community organizations[3]	Consistently working with Environmental Protect Agency (EPA) and Agency for Toxic Substances and Disease Registry (ATSDR) on sites especially related to EBL homes.	5
Policy	Align lead standards in dust and soil with blood lead guidance	Missouri uses 10 ug/ft^2 for a floor clearance and 100 ug/ ft^2 for window sills in accordance with HUD/EPA guidelines.	5

Primary Driver 5: Products and Industry			
Recommendations: n/a			
Secondary Drivers	**Change Idea**	**Activities**	**Rank Change Idea from 1-5** **1** = low leverage **5** = high leverage
Prevention and Remediation	Identify and educate parents who are exposed to lead at work about the dangers of take-home lead exposure[8]	Done by Lead Risk Assessors and through the Adult Blood Lead Epidemiology and Surveillance (ABLES) program. This is included in the PAT education presentation.	5
	Work with facilities where employees are exposed to lead (and may bring it home) to ensure that lead-safe practices are in place[8]	ABLES program notifies OSHA when required or EBL cases of employees.	5
Policy	Mandate investigation of small retailers, when surveillance data indicate children are being exposed to lead from food items such as candy or spices, health remedies, dishes, or cosmetics[3]	Food items inspected by Bureau of Environmental Health Services (BEHS) food inspectors	3