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CITY OF DANBURY
155 DEER HILL AVENUE
DANBURY, CONNECTICUT 06810

DAVID W. ST. HILAIRE
DIRECTOR FINANCE

(203) 797-4652
FAX: (203) 796-1526

M E M O R A N D U M

DATE: 7/25/13
TO: HON. MARK D. BOUGHTON VIA THE CITY COUNCIL
FROM: DAVID W. ST. HILAIRE, DIRECTOR OF FINANCE *DWH*
RE: RESOLUTION-DPH GRANT- FY 13/14 LEAD PREVENTION

Attached for your review is a resolution that will allow the City of Danbury Health and Human Services Department to apply for and accept funding for a Lead Poisoning prevention program. The State of Connecticut Department of Public Health is offering this through the Connecticut Association of Directors of Health.

This funding will not exceed \$42,667 and will be used for programs providing case management, education and to implement State regulations surrounding lead poisoning prevention methods. The funding period is 7/1/13-6/30/14.

The City Council is respectfully requested to consider this resolution at its next scheduled meeting. Please contact me should you require any additional information.

DST/sk

Cc: S.Leroy



RESOLUTION

CITY OF DANBURY, STATE OF CONNECTICUT

_____ A.D. 2013

RESOLVED BY THE CITY COUNCIL OF THE CITY OF DANBURY

WHEREAS, the State of Connecticut Department of Public Health through the Connecticut Association of Directors of Health has offered the City of Danbury Health and Human Services Department the opportunity to apply for grant funding for a "Lead Poisoning Prevention" program; and

WHEREAS, this funding award, not to exceed \$42,667.00, will be used to provide case management, education and implementation of State regulations regarding lead poisoning; and

WHEREAS, the term of this grant is July 1, 2013 through June 30, 2014 and there is no local match required.

NOW, THEREFORE, BE IT RESOLVED THAT Mark D. Boughton, as Mayor of the City of Danbury, or Scott T. Leroy, Director of Health, as his designee, is authorized to apply for and accept this funding and execute all contracts, agreements or amendments and to take all actions necessary to effectuate the purposes thereof.



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CITY OF DANBURY

HEALTH & HUMAN SERVICES DEPARTMENT
155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health Office
203 - 797-4625
Fax 796-1596

Social Services Office
203 - 797-4569
Fax 797-4566

To: Mayor Mark Boughton & City Council

From: Scott LeRoy, Health Director

Lead Poisoning Prevention Allocation – LHD Assistance

Impact Statement

TERM OF SUBCONTRACT: 7/1/13 through 6/30/14

The State of Connecticut Department of Public Health (DPH) has offered \$42,667.00 to the City of Danbury Health & Human Services Department as Fiscal Assistance towards our Lead Poisoning Prevention Program from 7/1/13 through 6/30/14.

The State of Connecticut Lead Poisoning Prevention Regulations were updated on January 1, 2009, to protect children from the dangers of Lead Poisoning. These changes also have increased the work load of the Department. This increase might be due to either increased blood lead screening efforts or monitoring of local doctors in children or the identification of new lead poisoned children due to the level being decreased in which a lead poisoning is identified.

These funds are to be used to increase the Department’s capability to educate our physicians and residents; as well as respond to lead poisoned children, prevent further lead exposure in lead poisoned children, provide lead education to family’s with lead exposed children and implement all the requirements of the CTDPH regulation.

There are no matching requirements for these funds.

All City Services 311
Eviction Prevention 797-4565
Information-Referral 797-4569

Dial 2-1-1 for all
Connecticut Services!

Emergency Shelter 796-1661
Em. Shelter Fax 796-1660
WIC Program 797-4638

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Jewel Muller, M.D., M.P.H., M.P.A.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

APPLICATION FOR: SFY 2014 LEAD POISONING PREVENTION FINANCIAL ASSISTANCE

City of Danbury
Health and Housing Department
155 Deer Hill Avenue
Danbury, CT 06810

Lead Poisoning Prevention Allocation: \$42,667.00

This application certifies that the Danbury Health and Housing Department is in compliance with Connecticut General Statutes (CGS) sections 19a-110, 19a-111a, 19a-206, 47a-52 and 47a-54f, and as a condition of funding, pursuant to CGS section 19a-111j (Financial Assistance to Local Health Departments for Lead Poisoning Prevention), agrees to carry out the following activities:

1. Provide case management and environmental health services that shall include medical, behavioral, epidemiological and environmental intervention strategies for each child having:
 - one venous blood lead level that is equal to, or greater than, twenty micrograms of lead per deciliter of blood or
 - two venous blood lead levels, collected from samples taken not less than three months apart, that are equal to, or greater than, fifteen micrograms of lead per deciliter of blood but less than twenty micrograms of lead per deciliter of blood.

A local health department shall initiate case management services for such child not later than five business days after the local health department receives the test results that the child has a blood lead level as described in this paragraph.

2. Provide lead poisoning educational services that shall include the distribution of educational materials concerning lead poisoning prevention, proper nutrition for good health, the potential eligibility for services for children from birth to three years of age, and laws and regulations concerning lead abatement to the parent and legal guardian for each child with a:
 - venous blood lead level equal to, or greater than, five micrograms of lead per deciliter (µg/dL) of blood, and
 - capillary blood lead screening test results of 10µg/dL or more.

Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action Equal Opportunity Employer

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3. Participate in the CT Department of Public Health lead surveillance system for the collection, tabulation, analysis and reporting of lead poisoning prevention and control statistics (a.k.a., Maven – Lead module). Such activities shall include acknowledging cases, generating retest reminder letters, entering epidemiological investigation findings, entering environmental data, generating the Lead Inspection and Testing Summary Form, and generating orders for lead abatement.
4. Provide education and outreach to medical providers within your geographical jurisdiction on their increased active role in the prevention of lead poisoning of their patients (DPH letter dated April 12, 2013). Such activities shall include providing the medical practices with a hardcopy of the two fact sheets for distribution to their patients, instructions on where they can find the fact sheets on the DPH website (www.ct.gov/dph/lead, Resources under the Medical Providers heading), the DPH's *Requirements and Guidance for Childhood Lead Screening by Health Care Professionals in Connecticut*, and assurance that all patients will be tested according to the State Requirements.
5. Submit, not later than September 30, annually, to the Department of Public Health a report concerning the local health department's lead poisoning and prevention control program. Such report shall contain: (1) A proposed budget for the expenditure of program funds for the new fiscal year; (2) a summary of planned program activities for the new fiscal year; (3) a signed and completed expenditure report for the previous fiscal year, and (4) a narrative summary of your program's activities completed during the previous fiscal year.
6. The information provided on behalf of the health department in this application and attachments is true and correct.

Name of Individual

Completing the Application:

____ Scott T. LeRoy MPH, MS, Director of Health & Human Services ____
(Please print or type name and title)

Signature: _____

Date: _____

Director of Health:

____ Scott T. LeRoy MPH, MS ____
(Please print or type name)

Signature: _____

Date: _____

Chief Elected Official

(for Full Time Health Dept.) or

Board Chairman

(for Health District):

____ Mayor Mark D. Boughton ____
(Please print or type)

Signature: _____

Date: _____