

Data Sharing

Subsidized Funded Housing in Connecticut



Overview

- Background on concerns with subsidized funded housing
 - Case study
- HUD's inspection requirements
- Provide an overview of the MOU with the Department of Housing
 - HUD data sharing requirements
- What the preliminary data shows

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Health and Housing

The association between health and housing had been known for years. If your home environment is unhealthy/unsafe, it can lead to disease, injury or even death. The quality of our housing affects the quality of our life.

Home-related deaths, illnesses, injuries, and risk factors are.....

All Preventable!!

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What started it all?



A tale of lead.....

- December 2011 the DPH began to look at environmental data obtained through lead inspections conducted by the local health departments
- The data revealed that in 2011 approximately 10% and in 2012 that approximately 18% of all children who had a blood lead ≥ 20 $\mu\text{g}/\text{dL}$ were poisoned while residing in subsidized funded housing (self-reported)

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A tale of lead.....

- Three children, less than 6 years old, residing in a single family rental unit
- Routine lead screening indicated high capillary results for all 3 children
- Confirmed venous tests indicated extremely high levels of exposure (2 children at chelation level ≥ 44 $\mu\text{g}/\text{dL}$, 1 child in the high 30's)
- Two children immediately hospitalized for chelation therapy, one child medically case managed

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A tale of lead.....

- Epidemiological investigation form completed to determined additional information relating to other potential sources and exposures
- Upon release from the hospital, the family was relocated to a lead-free home (confirmed by a comprehensive lead inspection that was conducted by the local health department)
- Comprehensive lead inspection also conducted by the local health department at primary residence

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A tale of lead.....

- Comprehensive lead inspection of primary residence revealed the **presence of defective lead paint on interior surfaces, high dust levels on floors, window sills/wells, high levels in the soil and defective exterior window casings/components**
- Local health department issued an order for abatement of all lead hazards
- Children medically case managed by pediatrician and local health department to ensure no further exposures

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Summary.....

February 2011 – Housing Quality Standards (HQS) inspection conducted to assist in relocating family referred to due to poor housing quality
 March 2011 – Family relocated to “new” residence
 May 2011 – All three children severely poisoned
 June 2011 – Comprehensive lead inspection indicated gross amounts of defective lead paint

COMPLETELY PREVENTABLE!!!

UNIT SHOULD HAVE **FAILED** THE HQS INSPECTION BASED ON DEFECTIVE PAINT CRITERIA AS INDICATED ON THE HQS INSPECTION FORM!!!

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Housing in Connecticut

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Housing in Connecticut

- Total housing units in CT = 1,445,840
 - Owner occupied: 68.8%
 - Renter occupied: 31.2%
- Approximately 88% of Connecticut's population lives in urban areas
- Connecticut: 78.2% of the housing stock was built prior to 1980

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Housing Quality Standards (HQS) Inspections

HUD's Minimal Housing Standards



Potential Hazards in the Home

- Lead Paint
- Pests
- Mold/Moisture
- Dust mites
- Pet dander
- Chemicals
- Fire
- Gases (carbon monoxide, radon)
- Drinking water contaminants
- Injury from burns, falls, electrical, other
- Secondhand smoke

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Housing conditions that contribute to adverse health effects

- Inadequate structural integrity or code compliance (housing/building)
- Inadequate maintenance
- Building materials and products
- Unsanitary conditions
- Inadequate heating and ventilation

Healthy Housing is Equitable Housing

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HQS Inspection - Interior

Interior:

- Electrical – permanent outlets/fixtures, no broken wiring
- Doors – accessible to common halls/fire escapes, lockable
- Windows – weather tight, fire escape, lockable, no cutting hazards
- Ceilings – sound, no bulging, no holes, no loose/falling material
- Walls – sound, no bulging/leaning, no holes, no loose structures
- Floors – sound, no buckling, no damage or missing parts
- **** Lead-Based Paint** – must visually assess all painted surfaces and must note all deteriorating surfaces (peeling, chipping, chalking, cracking)

**** Should not exceed more than 2 square feet/room and 10% of small components ****

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HQS Inspection - Exterior

Exterior:

- Foundation, stairs, rails, porches, roofs, gutter, chimney – sound and free of hazards
- Heating, plumbing, ventilation, water supply, sewer, – no unsafe equipment, adequate air flow, no major leaks
- **** Lead-Based Paint** – must visually assess all painted surfaces and must note all deteriorating surfaces (peeling, chipping, chalking, cracking)

**** Should not exceed more than 20 square feet of total exterior surface area or 10% of small components ****

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What is the role of the HQS Inspector if the unit fails?

- Must document hazards/failures
- Property owner is required by HQS inspection to remediate prior to voucher recipient moving in
- Per HUD, if defective paint is identified owner must:
 - Stabilize deteriorated paint
 - Assume the paint is leaded (unless tested)
 - Use trained workers who are EPA RRP certified to repair surfaces
 - Have a certified lead inspector conduct dust wipe clearance testing

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What are the option for the HQS Inspector if the unit fails?

- Referral to a local health/housing department, building official and/or fire official (to issue a notice of violation and require that the property owner complies with making necessary repairs)
- An HQS inspector must advise property owners on how to safely achieve compliance (be familiar with local, state and federal rules/laws)

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What is the role of the HQS Inspector if the unit fails?

- Once work is complete, the HQS inspector should conduct a follow-up inspection to assure that work is complete and that compliance has been achieved
- Compliance should be reported to the local housing authority
- Once complete, eligible for occupancy

Compliance = unit is SAFE

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Is This Protective Enough?



Observations

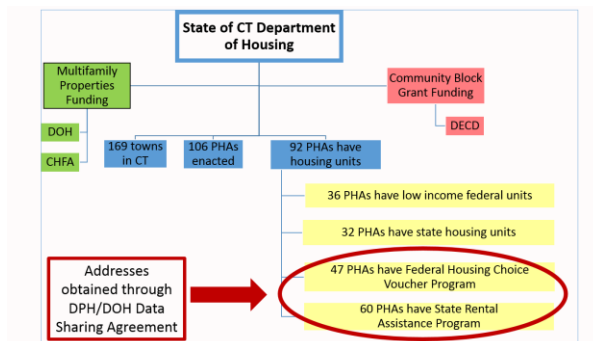
- The HUD HQS Inspection standards are **minimal**
- Staff are required to do a high volume of inspections
- Pressure to have housing
- Paint is **NOT** tested
- Therefore, paint is (should) be presumed leaded in pre-1978 dwellings

DEFECTIVE PAINT IS UNDER REPORTED, PUTTING CHILDREN AT RISK

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What is DPH Doing About It?

Agreement between DPH and DOH



Housing Choice Voucher Program (HCVP) and Rental Assistance Program (RAP)

- HCVP is federal funding and has 47 PHAs that have units
 - Approximately 7100
 - Funding administered from HUD to local PHAs
- RAP is state funding and has 60 PHAs that have units
 - Approximately 5300
 - Funding administered from DOH to John D'Amelia and Associates

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Agreement between DPH and DOH

- DOH will provide DPH with a spreadsheet file that contains a listing of each tenant name and address that is occupied by a household receiving funding under either:
 - State's Rental Assistance Program administered by DOH (RAP)
 - Federal Housing Choice Voucher Program as administered by DOH (Section 8)

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Agreement between DPH and DOH

- DPH will:
 - Share lists of addresses with LHDs
 - Compare the data received from the DOH to DPH's data
 - identify those children who have a **blood lead level at or above** the reference value of **5 micrograms per deciliter**
 - who are members of households which receive tenant-based rental assistance
 - DPH will share outcome of data analysis with local health departments statewide
 - ensure that lead inspections occur in a timely manner for those rental units occupied by households receiving tenant-based rental assistance
 - DPH will encourage local health departments to create relationships with their local housing authorities
 - promote collaboration in primary prevention efforts relating to housing quality standards

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HUD Data Sharing Requirements

Current:

- The requirements of the HUD Lead Safe Housing Rule (LSHR) are triggered when a child has a blood test result at the Environmental Intervention Blood Lead Level (EIBLL)
 - 20 µg/dL or two 15-19 µg/dL taken at least 3 months apart
- Parents should be encouraged to report to the owner or PHA if their child has an EIBLL
 - Notification of the EIBLL case must come from, or be verified by, the local public health department or other medical health care provider
 - If the PHA becomes aware of an EIBLL from a health care provider, it must report the name and address of each EIBLL child to the health department within five working days of receipt of the information
- PHAs are required to report to the HUD Field Office each known case of a child with an EIBLL
- For project-based assisted units, **the owner pays** for the risk assessment, for public housing or housing choice voucher-assisted units, **the PHA pays** for the risk assessment

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HUD Data Sharing Requirements

Future (as early as 11/1/16):

- HUD **may** be adopting the term Elevated Blood Lead (**EBL**) to align with the CDC's definition of the lead reference value = **≥ 5 µg/dL**
 - A risk assessment will be required to be conducted in all units where a child < 6 years of age resides and has an EBL ≥ 5 µg/dL, along with all other units in the same dwelling where a child < 6 years of age resides or may reside in the future (ex. pregnant mother)

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What the Preliminary Data Shows

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Current Subsidized Housing Units as of 8/2016

	Number	Percent
State	5333	43%
Federal	7149	57%
Total	12482	100%

- Residents in 160 of 169 CT towns/cities receive housing subsidy

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EBLL 15 µg/dL and above for children under 6 years old n=91

between 4/1/2016-6/30/16

Subsidized Housing	Number	Percent
No	82	90%
Yes	9	10%
Total	91	100%

- 7 of the 9 (78%) lived in subsidized dwelling
- 2 of the 9 (22%) lived in subsidized unit

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EBLL in subsidized housing by town

City/Town	Subsidized Dwelling		Total
	Yes	No	
Bridgeport	4 (27%)	11	15
Bristol	1 (25%)	3	4
Manchester	1(100%)	0	1
New Haven	3 (33.3%)	6	9
Total	9	20	29

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Future....

- As a reminder, per HUD: A risk assessment will be required to be conducted in all units where a child < 6 years of age resides and has an EBL ≥ 5 $\mu\text{g}/\text{dL}$, along with all other units in the same dwelling where a child < 6 years of age resides or may reside in the future (ex. pregnant mother)
- An additional **709** kids had a venous level of ≥ 5 $\mu\text{g}/\text{dL}$ during the same quarter (4/1/16 to 6/30/16)
- Based on 2014 data, approximately 1,500 new cases of ≥ 5 $\mu\text{g}/\text{dL}$ annually
- Going forward, these would be cross checked against subsidized housing units by DPH

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Next Steps

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Next Steps

- DPH will be sending out a circular letter at the end of November to:
 - Encourage LHDs to contact their local public housing authorities (PHAs)
 - Discuss with the PHAs the types of housing that they have in their housing portfolio (family units, elderly/disabled/veteran, voucher based program, private landlord owned units, etc.)
 - Discuss with the PHAs the age of their housing stock in which children under the age of 6 reside (pre-1978 is the key for lead related issues)
 - Create a lead response plan (for when you have cases that meet the state or HUD's definition of the need for a comprehensive lead inspection)
 - Discuss the nature of housing complaints (could LHDs assist in any capacity with housing code enforcement)

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