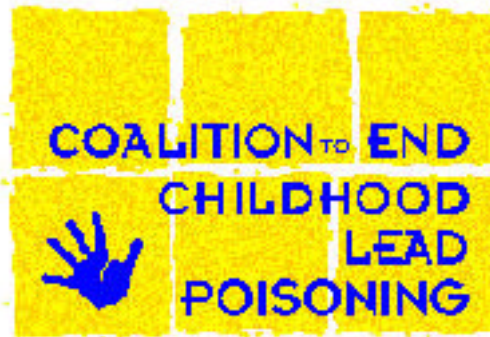


Lead Safe St. Louis
A Comprehensive Action Plan
for the
Eradication of Childhood Lead Poisoning in St. Louis
By 2010

Francis G. Slay
Mayor, City of St. Louis

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From Preliminary Recommendations By:



Ruth Ann Norton
Executive Director
Coalition to End Childhood Lead Poisoning
2714 Hudson Street
Baltimore, MD 21224

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BACKGROUND AND GENERAL FINDINGS:

(From Ruth Ann Norton's Preliminary Recommendations to Mayor Slay dated October 27, 2003.
Ms. Norton is the Executive Director of the Coalition to End Childhood Lead Poisoning.)

St. Louis, like many other urban centers struggling with the issue of childhood lead poisoning, has operated for decades under reactive rather than proactive prevention policies. The Mayor of St. Louis has expressed a commitment to change this approach and asked us to review the City's program with an eye to making positive changes. We have investigated the landscape in St. Louis and now offer these initial recommendations for a Mayor's Initiative from the point of view of practitioners who have assisted in the design and implementation of successful lead efforts in other jurisdictions. Here are our preliminary findings and recommendations.

The three City agencies currently sharing responsibilities for lead poisoning prevention are the Department of Health (DOH), the Department of Public Safety's Building Division, and the Community Development Administration (CDA). In our work, we found that the multi-agency staff dedicated to lead hazard control and lead poisoning prevention is instructed by old policies and operating procedures dating back decades, and works in a reactive manner. In addition, each agency essentially has operated like a silo – standing alone. Thus, key information to improve interagency cooperation and efficiencies lack daily protocols. . The three responsible agencies often operate with differing accountability and differing communication structures, and thus lack a shared vision with defined benchmarks and goals for accomplishment.

Beyond adjusting operational issues that can be readily fixed, the City has a strong need to structure programs that encourage private sector and nonprofit cooperation in primary prevention—such as targeting cleanup of units housing pregnant women and/or providing property owners with incentives such as tax credits or easily accessible grants.

In addition, enforcement mechanisms—the lynchpins of any successful lead poisoning prevention program—need to be updated so as to move owners into compliance without bankrupting them or degrading investment in City properties.

As the City proceeds with the consolidation of property for new development in various agreed-upon parts of the City's geography, a number of properties that are now lead hazards will be replaced with new development. Although this report and the plan it advocates does not deal directly with these broader city planning matters, strategic demolition of condemned property should be considered now in those areas identified as high-hazard areas where new development is ultimately planned.

These recommendations are based on an initial assessment only. To complete the implementation of a meaningful program, we recommend that the City continue this planning and review process with the Coalition to allow the Coalition the opportunity to more clearly designate responsible parties for each task, to complete an implementation timeline, and to assist the City with program implementation.

The City already has many of the core assets needed for a successful and comprehensive action plan—a Mayor who is committed to addressing this problem, funding from both federal and local sources available to begin implementation, and staff who care deeply about the children affected by this problem. These core assets can be used to move the City’s strategy from a reactive approach to a proactive prevention model by implementing simple but meaningful programmatic initiatives. As outlined in the body of this plan, these simple but effective initiatives include an accountability structure that clearly outlines responsibilities and expected accomplishments for every member of the program team, a clear set of program priorities, a schedule of expected deliverables and timeframes for each service component, long-term strategies to leverage public funding with non-profit, faith-based and private sector investment, and the design and use of effective enforcement mechanisms.

While other cities across the country have experienced significant reductions in lead poisoning, St. Louis’ children remain at high risk. According to the Department of Health’s 2001 Surveillance Report, the average time frame between initial inspection and the start of lead hazard control activities is 223 days. It is imperative that the delivery of lead hazard control activities be accelerated. In addition, enforcement must be improved so as to support the gains made by education and inspection staff. In 2001, 513 lead violation cases were prosecuted in the City’s Housing Court, with only 74 of these cases resulting in abatements or hazard reductions. This represents a positive resolution in less than 15% of the cases. In addition, the time frames for the meager resolutions achieved, if any, run from 7 months to 2 years.

Given the fact that children can be seriously poisoned in a matter of days, it is imperative that this time frame be dramatically reduced through efficient management, clarification of roles, responsibilities and accountability structures. The “Action Plan” section of this document is intended to shorten response and completion of intervention time frames to a maximum of 90 days.

The Coalition believes that the City has the assets and abilities to become a national leader in lead poisoning prevention—and, with Mayor Slay’s leadership, now has the will to achieve this leadership status.

PROGRAM GOALS:

The problem with the City’s current reactive strategy is that it waits until children get sick to move into action. The goal of this new program is to prevent children from getting sick from lead poisoning in the first place. The Action Plan addresses this goal and the Prioritization Plan below is designed to make as many city housing units as possible lead safe in the shortest possible amount of time, focusing first on those most at risk. Our first milestone will be to reduce childhood lead poisoning by 50% within four years. The overall goal of the Initiative is to eradicate childhood lead poisoning in the City of St. Louis by the end of 2010.

This plan and its component parts comprise a major new initiative for the City of St. Louis that is intended to result in significant reductions in lead levels in city children.

This plan is a beginning. As this plan is finalized and implemented, it is anticipated that some of its elements may be modified to accommodate implementation realities, and it is also anticipated that new components that address this goal may be added to or substituted for components described in this plan to more effectively and efficiently address the goals of this Initiative, as City staff consult and confer with the Mayor's Lead Safe St. Louis Task Force and become more expert in addressing the problem of childhood lead poisoning. Mayor Slay and his staff are committed to this Initiative and to its goals.

PROGRAM STRATEGIES:

The City of St. Louis will adopt new strategies designed to move the City from a reactive approach to a proactive prevention model. These strategies include the following:

- ◆ Management Plan
- ◆ Prioritization Plan
- ◆ Action Plan

Management Plan: This Management Plan is designed to institute and perpetuate effective coordination, collaboration, and accountability among the various City government and other entities committed to the prevention and elimination of childhood lead poisoning.

The Coalition to End Childhood Lead Poisoning ("CECLP") found, after preliminary research, reading and interviews, that St. Louis possesses some of the strongest assets in the country to prevent childhood lead poisoning. Among other assets, there is a community and network of primary prevention proponents who can and should enhance the City's opportunities in this area. The City itself has successfully garnered federal support and has the opportunity to attract state and foundation resources.

However, most existing programs in the City—whether public or private—appear to operate in a vacuum. The first step in resolving this problem is to address internal communications, clarity of function, and shared reporting. Since the beginning of September several efforts began to assist in resolving these issues and Mayor Slay has directed the City to proceed with these efforts as follows:

- 1. Organize, lead and manage the team:** In order for the move from a reactive approach to a proactive prevention model to be effective, it is essential that one individual be clearly in charge, that others involved in the program be accountable to that individual, and that that individual be accountable to the Mayor. It is also essential that everyone involved in the Initiative clearly understand their responsibilities and their role in the overall program. Finally, it is essential that activities intended to produce specific outcomes be consolidated rather than scattered throughout various arms of City government. The following steps will be taken immediately to ensure that the redesigned program is poised for maximum efficiency and maximum positive effect.

- ◆ **Establish, fill and empower the position of “Lead Safe St. Louis Coordinator”.** The individual filling this position will be accountable to the Mayor and report to the City’s Director of Operations. The Lead Coordinator will be housed in the Department of Public Safety. The Lead Coordinator will have the authority to manage and supervise staff from the multi-agency effort assigned to undertake the Initiative, and to hold such staff accountable for performance. The Lead Coordinator will also be responsible for program budgeting, for seeking new program funding sources, for funding source reporting, for designing and implementing additional initiatives to augment those outlined in this plan, and for leading and managing the Lead Safe St. Louis team through regular meetings that set direction, solve problems, reinforce accountability and adjust the course of the program as needed.

Management and accountability tools employed by the Lead Coordinator will include the following:

- *Bi-weekly Meetings*, chaired by the Lead Safe St. Louis Coordinator, between all City agencies engaged in the Mayor’s Initiative (CDA, DOH and the Building Division) as well as representatives of the Mayor’s Office.
- An *Outcomes Matrix* for monitoring all components of the Lead Safe St. Louis Program. The Matrix will serve as the core agenda for all Initiative meetings and as the assignment and reporting tool for Tasks, Deliverables, Responsibility, Assignments, Inter-Departmental Reporting, and for improving the delivery of programmatic results for both families and units. An example of a simplified matrix is attached as Appendix 1 to this plan.
- A system-wide *Database and Tracking Program* for all program activities, including those listed in the Outcomes Matrix. The program needs an effective database system to establish baseline data (see below) and track program progress from the baseline, to collect all relevant data for federal grants and public information, to track unit-based interventions, and to produce accurate and timely reports on progress made. The database will be linked to and coordinated with the required STELLAR or MOHSAIC programs at the Health Department. All information from the Outcomes Matrix and all housing unit information will be entered into the database, and the database will be used to develop a current registry of lead-safe housing units. The database will be made available to all members of the Lead Safe St. Louis team via an Intranet system.
- *Written Protocols and Procedures Manuals for all aspects of all Client Services*, including inspections, enforcement, testing, remediation, relocation, and incentives. These protocols and procedures manuals will be developed and put in place for all aspects of the Lead Safe St. Louis Program, and will be augmented and revised as new components

affecting the particular service (new legislation, etc.) go “on line”. Protocols and procedures will also include clear direction on the handling of cross-referrals for intervention, inspection and enforcement.

- ◆ **Consolidate City staff and responsibilities by function.** Rather than having housing inspection and remediation personnel scattered throughout City government, staff should be consolidated according to function to improve accountability and efficiency. The Coordinator will ensure that the following consolidations occur as follows:
 - *Lead Inspection and Enforcement personnel consolidated in the Building Division.* All inspectors in the Housing Conservation District and Occupancy Permit programs will receive cross-training and certification for lead paint inspections and/or risk assessments and all current lead inspection and enforcement personnel from the Health Department will receive cross-training and certification in basic building code inspections. New inspectors will be hired and trained as required to implement the stepped up inspection and enforcement components of the initiative, which will include routine citing of chipping paint by housing code inspectors to increase the range of initiative beyond reactive EBL-triggered lead inspections, as further discussed below.
 - *In-House Remediation personnel consolidated in the Building Division.* In-house remediation and emergency detoxification will remain a part of the programmatic initiative, as discussed below. All existing remediation crews and any new remediation crews will be housed in the Building Division.
 - *Final Housing Unit Clearance and Testing Personnel consolidated in the Health Division,* so that systemic checks and balances can be achieved.
 - *Identification of At-Risk Households for Prioritization consolidated in or under the Health Department.* The Health Department will be the City agency responsible for providing the Building Division with names, addresses and contact information for at-risk households, as detailed in the prioritization plan.
 - *Blood Lead Level Testing consolidated in or under the Health Department.* While the overall goal of the program is to make all City housing units lead safe, thereby eliminating childhood lead poisoning, a need for concerted blood lead level testing will remain until this goal is achieved. In addition, a major program component is to broaden the current testing program to include all City resident children under the age of six. Whether testing is conducted by Health Department staff or by outside physicians and testing laboratories, responsibility for implementing the testing components of the Initiative will rest with the Health Department. The Health Department will continue to administer or

cause the administration of emergency testing for situations where elevated lead blood levels are suspected.

- *Case Management consolidated in or under the Health Department.* Once at-risk situations have been identified, it is critical that responsibility for working the situation to resolution be clearly vested in an appropriate place. Case Management staff will be expanded in the Health Department, and Case Managers will be closely monitored by the Lead Coordinator to ensure that cases are in fact brought to resolution.
- *Grant and loan programs for property owners consolidated in or under the Building Division and the Community Development Administration (“CDA”) respectively, under the direction of the Lead Coordinator, as further discussed below.*
- *Relocation resources will be identified and arrangements for use negotiated and formalized in writing by the Lead Coordinator.* Case management staff will administer the use of these resources under the direction of the Lead Coordinator.
- *Lead-Safe Housing Registry developed and maintained by the City’s Planning and Urban Design Agency (“PDA”) under the direction of the Lead Coordinator.*
- *Public Education and Awareness consolidated under the Lead Coordinator.* As discussed below, the success of this Initiative will depend in large part on a variety of education and awareness strategies. The Lead Coordinator will be directly responsible for the design and implementation of the education and awareness strategies, working in large part with non-City community and faith-based partners as well as with Health Department and Building Division staff.
- *Resource Expansion and Development will be the responsibility of the Lead Coordinator.* Additional state, federal, foundation and faith-based funds to support Initiative goals will be pursued.
- *Grant and City funding administration consolidated in the Community Development Administration.* Given its current grants management capacity and the fact that two current federal lead hazard control grants already awarded by HUD are already administered by CDA, CDA will continue to manage lead-related federal grants received by the City. In addition, to ensure that all funding sources are comprehensively coordinated and tracked, CDA will assume responsibility for the administration of all funding.

TIMEFRAME for Management Plan Initiative 1: *Within 60 days and ongoing.*

2. **Engage community partners.** Once the Lead Coordinator is appointed, he or she will immediately engage those individuals and organizations that are not part of City government as the City's partners in this effort. The roles and responsibilities of these team members in the overall initiative will be clearly identified and agreed upon, and these team members will be included, along with City team members, in the accountability and strategy sessions held by the Lead Coordinator. The Lead Coordinator will also form and lead a broad-based **Lead Safe St. Louis Task Force** to assist with implementation of cross-coordination efforts with community and faith based partners, work on necessary legislation, enhance public education, and ensure collaborative relationships among and with non-profit, faith-based and private sector programs (e.g. Grace Hill, the St. Louis Lead Prevention Coalition and Citizens for Missouri's Children). The task force approach will reduce redundancy and enable more effective leveraging of internal and external resources, both existing and new.

In addition to convening the City task force described above, the Coordinator will also, with the concurrence of Senator Christopher "Kit" Bond and Grace Hill, work with the Grace Hill Neighborhoods Health Center's Federal Grant Program by serving as a primary member of the Senator's Lead Poisoning Prevention Task Force in order to assure a coordinated and planned set of primary prevention activities in the communities of highest risk. Key City inspection, remediation, case management, and education staff will also be available to serve on the Remediation and Prevention sub-committees of this Task Force.

With the concurrence of the applicable organization, the Lead Coordinator will negotiate and prepare written Memoranda of Agreement with community and faith based organizations (e.g., Grace Hill and the St. Louis Lead Prevention Coalition) on the handling of cross-referrals for intervention, inspection and enforcement.

TIMEFRAME for Management Plan Initiative 2: *Initiated within 30 days following Lead Coordinator appointment.*

3. **Engage the public.** It is essential that this Initiative receive "buy in" from the public as well as from the "official" members of the Initiative team. Essential public participants in the success of this effort include parents concerned about lead poisoning, educators concerned about lead poisoning, the real estate community, and owners of rental property. The Lead Coordinator will invite key community partners to attend meetings held once each calendar quarter to report on the goals, objectives, progress and resource needs of the Initiative, and to obtain input on the Initiative. In addition to providing a forum for discussion and reporting, these quarterly meetings will strengthen the collaborative partnership and present an opportunity to identify and access other community and faith-based resources that can be leveraged to help reduce childhood lead poisoning.

The Coordinator will also convene a formal Annual Community Forum on Lead Poisoning for the general public to provide an Annual Progress Report on the

Mayor's Initiative and to engage in public dialogue and to provide primary prevention training.

TIMEFRAME for Management Plan Initiative 3: *First quarterly meeting within 30 days following Lead Coordinator appointment; subsequent meetings every 90 days thereafter; annual meeting within one (1) year.*

- 4. Ensure accurate and efficient collection and maintenance of data.** In order for this Initiative to be effective—and in order for its effectiveness to be determined—it is essential that baseline data be developed and mapped—and that the data be regularly updated as the Initiative proceeds. In order to effectively address the problem of childhood lead poisoning, it is necessary to know the extent, location and circumstances of the current problem. At the present time, only a small percentage of the City's children are tested. In order to accurately map the extent, location and circumstances of the problem, comprehensive blood lead level testing as described below will be undertaken. City computer systems need to be improved to allow qualified staff to efficiently collect data and produce timely GIS tracking of cases and interventions (strategic response interventions to identified childhood lead poisoning, Lead Violations, etc.) The Lead Coordinator will find a model program and implement it to meet demands of the Initiative and related grants and public reporting, working closely with U.S. Centers for Disease Control ("CDC") and the State of Missouri Health Department to expedite transition from the existing STELLAR to the new MOHSAIC reporting system, and, working within the City initiative that is already underway, facilitate the use of PDAs by inspectors and field staff to collect data, download data in tracking databases, and schedule site visits. The database will also track compliance activities and will be linked to the Lead-Safe Housing Registry.

TIME FRAME for Management Plan Initiative 4: *Within 90 days of Lead Coordinator appointment.*

Prioritization Plan: As indicated above, the goal of this program is to reduce and ultimately eliminate childhood lead poisoning in the City of St. Louis by making as many city housing units as possible lead safe in the shortest possible amount of time, focusing first on those most at risk. Prioritization is critical to ensuring that finite resources are targeted to the most at-risk housing and families in St. Louis. Within 60 days following his or her appointment, the Lead Coordinator will craft a written statement of priorities for prevention, intervention, and education. The Prioritization Plan will include the following components:

- 1. Enforce Blood Lead Level Testing Laws:** Missouri law already requires the testing of all children under the age of six years for elevated blood lead levels. However, these testing laws are not often followed. In order to accurately map the extent of the problem and effectively focus intervention strategies, the Lead Coordinator will mount a general publicity campaign for parents, as well as a targeted publicity campaign for medical and educational professionals designed to emphasize the requirement for blood lead level testing. Mayor Slay will call on all physicians and health care providers to pro-actively implement this testing. Free

blood lead level testing and education booths will be established at all Women, Infant, and Children (“WIC”) Distribution Centers in partnership with the City's Department of Human Services. The City will work with State Department of Health to enhance blood lead level testing reporting mechanisms by clinics and physicians. The desired outcome from this strategy is to ensure that all City children under six years old are tested before the inception of the 2004 kindergarten and elementary school year.

2. **Focus Intervention Strategies:** The Action Plan below describes the specific intervention strategies to be used to make homes lead safe or, where this is not possible, to move the affected household to lead-safe living quarters. Also as discussed below, interventions will, where feasible, focus on permanent measures to eradicate lead hazards rather than trying to manage a housing stock historically weak on maintenance practices. Based on available data, the following populations are those most “at risk”. Initially, intervention strategies included in the Action Plan will be targeted to the following at-risk groups in the following order.
 - a. Pre-1978 units housing pregnant women or children under six with elevated blood lead levels (EBLs) of 15 µg/dl or greater initially and then moving to the threshold of 10 µg/dl or greater within six months (with highest priority to highest levels), or with known lead hazards (Lead Violations);
 - b. Pre-1950 housing in low-income neighborhoods with identified chipping paint or elevated lead dust levels and the presence of children under six or pregnant women;
 - c. Pre-1978 housing in low-income neighborhoods with identified chipping paint or elevated lead dust levels and the presence of children under six or pregnant women; and
 - d. Pre-1978 housing in moderate-income neighborhoods with identified chipping paint or elevated lead dust levels and the presence of children under six or pregnant women.

As indicated above, the Health Department will be responsible for turning the above prioritization categories into specific lists of names and addresses that will receive targeted inspections and, if necessary, targeted intervention.

Action Plan: Components of the Action Plan include the following:

- *Inspections: routine inspections, targeted inspections and emergency inspections*
- *Intervention:*
 - *Enforcement:*
 - *City and state requirements per existing and new codes and policies, including the incorporation of lead-safe compliance requirements into all home repair loan and grant programs*
 - *State certification and lead-safe work practices requirements*
 - *HUD requirements where applicable*
 - *Remediation:*
 - *Emergency interim controls and in-house remediation*
 - *Grant and loan programs for owner-occupied housing units*
 - *A new grant and loan program for rental property owners*
 - *Other abatement/remediation incentives*
 - *Relocation:*
 - *Temporary relocation during remediation activities*
 - *Permanent relocation activities for families in severely affected units where remediation of the current living quarters is not feasible or cost-effective in the short term*
- *Education and outreach*
- *Contractor capacity building*
- *Legislative initiatives to provide incentives and upgrade enforcement*

1. **Inspections:** As indicated above, all housing unit inspection responsibilities will be consolidated under the Building Division, except for final lead-related clearance inspections as discussed above, and additional training and cross-training will be provided to ensure that all inspectors are fully qualified in lead and other building code-related inspection disciplines. Lead-related inspections will fall into three categories: *emergency, targeted and routine*.

- **Emergency inspections** will be referred to the Building Division by the Health Department whenever a blood test reveals the presence of a lead level at or in excess of 15 µg/dl initially and then moving to the threshold of 10 µg/dl or greater within six months. Homes where multiple children were poisoned will receive priority for emergency inspections. With the notification, the Health Department will include the results of a DOH Case Management interview with the child's parents that documents and provides the address of any location where the child routinely spends eight hours or more per week. All emergency inspections, including place of residence inspections as well as "eight hour per week" inspections will be completed within three business days from the date of notification to the Building Division. Where emergency inspection reveals lead violations in a multifamily building, preemptive inspections of all units in the building will be attempted.

- **Targeted inspections** will consist of preventive visual and dust evaluation program inspections. The City will work with the State of Missouri to formalize a Dust and Visual Inspection (“DAVE”) program with State certification for the program, which will also be administered by the Building Division. DAVE, a team of trained inspectors, will target the homes of low-to-moderate income pregnant women and other prioritized at-risk populations, based on lists provided by the Health Department. This primary prevention service would provide information and risk awareness to pregnant women prior to the birth of their child in an effort to effect the reduction of risks, and to families in other at-risk situations. Units found to have hazards will be cited for Lead Violations, and be referred for intervention, if eligible. Residents could opt to relocate utilizing the City’s Lead Safe Housing Registry. In addition, DAVE would provide information on measures residents can take to reduce hazard exposure – including linking them to HEPA vacuum loan programs (see “Education and Outreach” below) and training programs on lead safe work and living practices.

- **Routine inspections** will provide for the inclusion of lead hazard inspections in all occupancy permit and Housing Conservation District inspection programs. As indicated above, all Building Division inspectors will be cross-trained to identify potential lead hazards together with building code and/or housing code violations. When permitted by law, compliance with lead safe standards will be a condition for receipt of an occupancy permit or Housing Conservation District Certificate of Inspection. The “legislative initiatives” described below will seek to change existing law to permit such compliance requirements, and enhanced lead-related compliance requirements will be incorporated into the inspection and permitting process as soon as legally possible. The legislative initiative will seek to make unsafe lead conditions grounds for condemnation for occupancy of the housing unit, except for units where the only legal residents are senior citizens. The Lead Coordinator and the Building Division will work with Aldermen to endeavor to include the entire City in the Housing Conservation District program. For areas not covered by the Conservation District program, the legislative initiative will also seek to establish a lead-only pre-rental inspection program for all areas of the City that are not Housing Conservation Districts.

All routine inspections will consist, at a minimum, of preventive visual evaluation program inspections—these inspections may also include dust evaluations, as permissible by law. As indicated above, the City will work with the State of Missouri to formalize a Dust and Visual Evaluation (“DAVE”) supported by State certification for the program.

In addition to the inspection situations described above, it is also essential that City inspectors check ongoing rehab/property maintenance work for signs of non-compliance with lead-safe work practices and promptly report such evidence of non-compliance. Lead-safe work practices are necessary not only for the safety of

personnel performing work but also for the safety of the family occupying the home. Work improperly performed and improperly cleaned-up can create lead hazards where none previously existed. While this may be perceived by some as a reason to avoid doing work in the City, the contractor capacity building activities described below can mitigate this adverse effect to some extent.

As indicated above, Building Division inspection and assignment staff will be augmented where necessary to ensure that the increased emergency, targeted and routine inspection workloads can be handled within the established time frames.

Upon completion of an inspection that reveals lead hazards, inspection results will be forwarded to the Lead Coordinator for assignment to case management staff and for the appropriate intervention strategy, depending on the occupancy status of the unit (owner vs. renter), the overall condition of the unit, and the income of the occupants.

2. **Intervention:** Intervention will be applied to those homes found to have lead-related violations during the inspection stage of the program described above. As indicated above, this plan includes the following general intervention activities: *Enforcement, Remediation, and Relocation*. Each of these activities is designed to ensure that the City’s children have the opportunity to grow up in a home that is free from lead hazards, and each of these general activities is intended to resolve lead hazards as soon as possible, but in any event within 90 days or less—sometimes permanently, and sometimes temporarily. Each of these activities has a number of components, as follows:

- ◆ **Enforcement:** As discussed in the “Background” section of this report, the City’s enforcement record is far less than satisfactory at the present time. Enforcement must be improved so as to support the gains made by education and inspection staff. Enforcement must occur on a number of levels: with the property owner, with the housing unit occupants, and with everyone involved in home repair and improvement activities in the City of St. Louis.

While enforcement mechanisms are to some extent limited by the penalty provisions in the City Charter, the City’s Problem Properties Team has demonstrated that with concentrated attention meaningful compliance can in fact be achieved even within the Charter penalty limits.

The City Court system that handles violations of city ordinances has indicated that sufficient capacity exists within the system to add docket time for lead cases at no additional cost. This Plan includes the addition of one City Counselor attorney to specifically prosecute unabated lead violations.

- *Enforcement of existing City laws:* Just as is currently the case with other routine property maintenance code violations, every property owner and every property occupant found to be in violation of lead hazard laws must receive a citation, together with a 15-day time frame for correcting the violation. While some violations will be cleared and hazards abated with

just this warning mechanism, others in violation will need to be taken to court.

For those violations involving cooperative property owners and/or occupants, inspectors (using model plans developed by the Lead Coordinator) will work with the owner and/or occupant on a work plan designed to achieve compliance within 30 days, and then monitor the property for work plan completion.

As discussed in the “grant and loan” program and “education and outreach” sections below, to the extent that funding is available the City will provide assistance to those property owners with a desire to achieve compliance but without the resources to do so.

The City will instruct its housing court prosecutors and judges to treat lead violations as severe, and will reserve space on court dockets specifically for lead violations. Violators will automatically be referred for court prosecution if the violation is not abated within the 15-day time frame outlined above. Both prosecutors and judges will receive training specifically related to lead violations and appropriate methods of violation abatement.

If court prosecution does not result in the abatement of the violation within an additional 15-day time frame, violators will be fined for each day that the violation continues and, in severe cases, incarcerated for periods up to 30 days. Fines of at least \$500 per month will be levied for failure to satisfy lead violation within 30 days and penalties for non-compliance over 60 days will be punishable with up to 30 days in jail.

In addition, housing units with violations continuing unabated beyond the established period, except for housing units occupied exclusively by senior citizens, may be conspicuously posted as “Condemned for Occupancy,” and families with children under the age of six and/or pregnant women will be relocated from the units, either temporarily or permanently, as discussed below.

As indicated above, the City will increase staffing to the extent necessary to support an increased level of prosecution and increased rates of service for lead violation notices and housing court prosecutions. In addition, the City will use for lead violations the same enhanced service procedures that are in use or being developed for the Problem Properties court.

- *Enforcement of state certification and lead safe work practices requirements:* In situations where state certified lead abatement contractors are observed to be out of compliance with lead-safe work practices requirements, such non-compliance will be reported immediately to the Missouri Department of Health & Senior Services, Section of Health Standards & Licensure-Bureau of Lead Licensing. The City has

obtained funding for one additional state inspector to assist with such enforcement exclusively in the City of St. Louis from its recently awarded HUD Lead Hazard Reduction Demonstration Grant. State lead abatement contractor certification may also be added as a condition for licensing as a home repair contractor in the City of St. Louis, per the discussion on Legislation below.

- *Enforcement of HUD lead-related requirements where applicable:* In all situations where federal funds are involved, compliance with the federal Residential Lead-Based Paint Hazard Reduction Act (Title X) Sections 1012/1013 will be required. The City will also provide technical assistance programs for community development corporations and private developers on 1012/1013 compliance with respect to City grant/loan programs.
- ◆ **Remediation:** As enforcement activities proceed pursuant to the above discussion, the Lead Coordinator will refer homes to Building Division staff and to others for possible remediation assistance. Eligibility for owner-occupied homes may be limited to low or moderate income status, depending on the level of funding available for assistance. Remediation interventions undertaken pursuant to this plan will include three types: 1) emergency interim controls and in-house remediation; 2) versions of the direct remediation and grant and loan programs for owner-occupied housing units already being operated by the City directed specifically to lead issues; and 3) a new lead-related grant and loan program for rental property owners. Given the fact that children can be seriously poisoned in a matter of days, it is imperative that the time frame for intervention be dramatically reduced through efficient management, clarification of roles, responsibilities and accountability structures.
 - *Emergency Interim Controls and In-House Remediation:* The City will establish a goal of a 15-day turnaround from the initial inspection to the completion of interim lead hazard controls by City Lead Hazard Reduction Emergency Response Teams at no cost to the unit occupants or owners. Such interventions will be directed by the Lead Coordinator for units housing children under six (whether owner-occupied or rental with the permission of the property owner) with elevated blood lead levels. The EBL threshold will initially be established at 15 µg/dl or greater and will then be moved to the threshold of 10 µg/dl or greater within six months, with the highest priority for intervention actions being given to the highest EBL levels. Such low level interventions (usually limited to painting, minor repairs and specialized cleaning) will generally not exceed \$8000 and averaged approximately \$2700 per unit over the last 12 months. They will continue to be funded by HUD Lead Hazard Control ("LHC") Grant funds and City revenue.
 - *Grant and Loan Programs for owner-occupied housing units:* Grant-styled assistance will be provided through direct remediation activities by the City's own work forces or through a contract between the City and a certified lead abatement contractor; such interim lead hazard controls will

be provided at no cost to the owner-occupant, provided the household income is not more than 80% of the area medium. As indicated above, the City remediation teams will be consolidated within the Building Division, and the Building Division will expand its capacity to contract out work from a pre-qualified lead abatement contractor list with additional funding from HUD Lead Hazard Control Grants and other sources to augment the Building Division Lead Remediation Fund already in use. Homes will be referred by the Lead Coordinator to Building Division staff for remediation. To the extent that cooperation agreements with community partners exist, homes may also be referred to a community partner, in which case the City will monitor the work and perform necessary clearance testing. The cost of such lead hazard controls will generally not exceed \$15,000 and averaged approximately \$3300 per unit for work performed by the Building Division and \$6,900 per unit for work performed by Building Division contractors over the last 12 months. This work will continue to be funded by HUD Lead Hazard Control ("LHC") Grant funds and City Building Division Lead Remediation Fund revenue. Low interest and/or forgivable loans may be made available to those homeowners who need general home repairs in combination with lead hazard control work. For grant and loan programs funded with special HUD or other lead grant funding described below, "Priority" and "Targeted" Housing Areas will be established based on mapping of incidences of EBLs to insure highest impact from funds specifically targeted to lead hazard reduction. The goal is a 90-day turnaround from the initial inspection to the completion of remediation work on non-emergency City assisted prevention-based projects. A key component of these grant and loan programs will be a window replacement or modification program that will include negotiated discounts with replacement window or window modification product providers. The City will also seek additional funding from foundations and other entities such as the U.S. Conference of Mayors for this intervention component and will seek to partner with other funded non-profits and faith based organizations. Case Managers will assist willing property owners in the application process for available Lead Hazard Control grants and will monitor the processing of properties through the system.

- *Grant and loan programs for rental property owners.* Grant and loan assistance similar to that made available for owner-occupants will be offered to rental property owners. These programs will be designed to leverage private funds provided by the rental property owner.
- *Other abatement/remediation incentives:* As discussed below in the "legislative strategies" section of this plan, efforts are now being made at the federal level to pass legislation that enables property owners to obtain tax credits of up to \$5,000 per unit for lead remediation-related window replacement and other work directly related to lead exposure reduction. At some point in the future, it is expected that similar efforts will be made at the state level. While it is not anticipated that either of these incentives

will require administration by the City, Case Managers will advise property owners of the availability of these incentives and assist property owners with completing any necessary applications and the incentives will be a key part of the education and outreach components of this plan.

As also discussed below, the City may develop and support state legislation for potential Liability Protection or Limited Liability Protection for rental property owners who meet prescribed lead safe standards.

- ◆ **Relocation:** This plan includes two types of relocation as key intervention components—*temporary relocation* and *permanent relocation*. The Case Manager will arrange for relocation of either type in the circumstances described below.
 - *Temporary relocation:* In situations where the Case Manager, working with the Building Division, deem the property too hazardous for the family to remain while City assisted remediation activities occur but agree that a lead safe condition is achievable in a relatively short period of time, the City will arrange for temporary relocation of the occupants. Temporary relocation of such families will occur in compliance with applicable law. When access to bathrooms, the kitchen and sleeping areas can be assured while maintaining the safety of the occupants, residents will not have to be relocated. CDA and the Health Department have developed a relocation protocol that incorporates a combination of reduced hotel rates, non-profit community housing agencies and financial incentives for families to stay in the lead safe homes of friends and relatives. Currently, a stipend of \$250 is offered to families who self-relocate during lead intervention activities. Please note, however, that the City has been working with the local HUD CPD officer to increase this stipend to \$50 a day for each relocated adult resident. In cases where the City has had to resort to Court prosecution in an effort to achieve compliance, the property owner should be required to pay all relocation expenses as civil penalties, including household relocation, security deposit, utility hook-up, and related moving expenses for tenant households relocating from non-compliant properties. In City assisted cases, the City may provide temporary relocation at no cost to either the owner or the occupant, using grant funds. The City is currently pursuing the use of grant funds for renting lead-safe units in existing housing developments for ongoing temporary relocation use. The City may pursue other temporary relocation mechanisms as the program is further developed.
 - *Permanent relocation:* For occupants of property that is deemed too severely deteriorated for lead hazards to be cost-effectively eliminated, the City is currently working with the St. Louis Housing Authority on initiatives giving “preference” for Section 8 Housing Vouchers and lead safe public housing units to households with EBL children and for qualifying pregnant women or families with children under six living in units with known lead hazards including excessive lead dust levels. In

addition, the City's Planning and Urban Design Agency ("PDA") is in the process of developing a "Lead-Safe Housing Registry". Once this Registry is developed, PDA will also be responsible for maintaining it, under the direction of the Lead Coordinator. This registry will offer families choices of residences where their children will not be endangered by lead hazards. The Case Manager will also link low-income families with programs available through community and faith-based partners that offer assistance to prospective low-income homeowners.

As indicated above, the Lead Coordinator will be responsible for identifying and contracting for appropriate relocation resources, and the Case Managers will administer the use of these resources under the direction of the Lead Coordinator. The Lead Coordinator will also investigate contracting with existing transitional housing providers for temporary relocation uses, and will also work to secure grant funds (HUD, Affordable Housing Trust Fund, and/or other sources) for use in a Relocation Grant Program to provide one-time assistance (security deposit or first month's rental payment) to tenants who are relocating permanently from lead hazardous housing to lead safe housing. These mechanisms will also be used as relocation resources for households with children or pregnant women where remediation or risk reduction is impractical.

Finally, the Lead Coordinator will finalize, within 60 days of his or her appointment, a formal City Relocation Plan, Policies and Procedures guidance document that will conform to applicable laws on the vacation of units and treatment of occupant possessions during lead hazard interventions.

3. **Education and Outreach:** In addition to ongoing City efforts (e.g., the City's partnership with the St. Louis Lead Prevention Coalition and the Department of Justice's Weed & Seed Program, various outreach programs at DOH, the Building Division's St. Louis Public Schools Lead Education Project and a new partnership with the South Side Day Nursery organization focusing on education and outreach to expectant mothers), this plan contemplates several important public education and outreach initiatives to be established by the Lead Coordinator and various other City offices.
 - *Establish HEPA-vacuum loan and lead prevention kit distribution programs.* The Lead Coordinator will work to establish a HEPA-Vac loan program via the City's Neighborhood Stabilization Team to provide 3 to 6 vacuums to each designated neighborhood organization office, for rental (owners/upper- income tenants) or for rental/loan (on a sliding scale basis) to low to moderate-income families, and will network with local vendors to encourage the availability of HEPA-vacuums and other lead-safe home repair items for purchase and rental use for lead safe home renovations and maintenance. The Lead Coordinator will also establish a lead prevention cleaning kit program in targeted neighborhoods in collaboration with Grace Hill and other community partners. Ideally, all such programs would operate from the same locations and be accessible in the communities that

need them most. Such locations would also serve as Lead Poisoning Prevention “Resource Centers” in at-risk communities throughout the City.

- *Actively encourage local clinics and physicians to provide and report EBL Testing.* In addition to the Mayor's efforts calling on physicians and health care providers to pro-actively implement such testing and reporting as pledged above, the Health Commissioner will contact local clinics, day care centers, preschools and foster homes on the need for testing and reporting, and provide connections to prevention and remediation resources.
- *Make the office and operations of the Lead Coordinator user-friendly.* The Lead Coordinator’s Office will link property owners with an Ombudsman to provide appropriate referrals to lead-related assistance and sources of information. This Ombudsman will also provide information and assistance referral to rental property and owner-occupied property owners who wish to voluntarily bring units to a lead-safe standard.
- *Create a public website/registry where tenants and prospective tenants can check the compliance status and lead violation history of a property.*
- *Consider supporting community-based legal services to seek affirmative rent escrow actions for non-compliant properties.*

4. Contractor Capacity Building: Increasing the City's supply and utilization of qualified and knowledgeable lead abatement contractors, particularly MBE and WBE contractors, is crucial to the success of this Action Plan. As part of its efforts to expand the pool of qualified contractors willing to work on in-house remediation projects In addition to supporting ongoing City efforts to recruit, train and certify such contractors, supervisors and workers, the Lead Coordinator will assist in implementing the following new and already initiated lead abatement contractor, supervisor and worker capacity building strategies, where such implementation is feasible:

- Establish Office of Contractor Compliance in the Building Division to provide monitoring, education, and enforcement of lead safe work practices.
- Working with the Painter’s Union, encourage the formation of new businesses specializing in lead abatement and remediation work and focus on a Workforce Development/Apprenticeship Training program that will produce more MBE/WBE workers and entrepreneurs trained in proper work practices and abatement/remediation techniques.
- Create a Contractor Capacity Fund to build contractor capacity by providing access to low-cost lead-related training opportunities.
- Assist with access to liability insurance.

- Explore requiring state lead certification as part of home improvement contractor licensing.
- Develop technical assistance programs for community development corporations and private developers on 1012/1013 compliance and City grant/loan programs.
- Ensure Environmental Protection Agency (“EPA”) authorized Lead-Based Paint Training and Certification Programs are readily available and explore requiring that all City licensed renovation or home improvement contractors that perform work in pre-1978 properties to be trained.

5. Legislative initiatives to provide incentives and upgrade enforcement: Legislative initiatives are expected to include new legislation at the City, state and federal levels. Initiatives to be explored include the following:

- ***City legislative initiatives:*** The Mayor will initiate, support and seek adoption of legislation in the St. Louis Board of Aldermen with the following provisions:
 - (a) Require Universal Blood Lead Testing compliance;
 - (b) Require that lead-safe standards be met at occupant turnover in all pre-1978 rental properties and non-certified lead free rental properties, unless the unit is to be occupied only by senior citizens;
 - (c) Require distribution of lead information pamphlets (“Protect Your Family from Lead in Your Home” and a localized Notice of Tenants Rights for Rental Properties) to new property owners and tenants where applicable;
 - (d) Create Notice of Defect mechanism to require a 30-day response period, the utilization of certified workers to perform hazard reduction, and the prevention of retaliatory eviction of tenants after receiving Notices, unless the unit is to be occupied only by senior citizens;
 - (e) Require temporary relocation during hazard reduction activities lasting more than one day and where the reduction work cannot be effectively screened off from the essential living areas.
 - (f) Prohibit lead hazard reduction activities while pregnant women or children under the age of six are present in a housing unit;
 - (g) Require occupant protection plans for all lead hazard control activities;
 - (h) Require Housing Court or other appropriate Municipal Judges to order lead hazard control or abatement for owners deemed to be out of compliance with lead safe hazard reduction standards;
 - (i) Require that all contractors engaging in home repair activities provide evidence of lead-safe practices training and state certification as a lead abatement contractor as a condition of license issuance; and prohibit any lead-based paint remediation to occur by unlicensed, non-accredited contractors;

- (j) Prohibit the sale or lease of any residential property with known Lead Violations or chipping paint in violation of housing code, unless the unit is to be occupied only by senior citizens;
- (k) Provide City authority to inspect properties that become vacant following the move of a child with an elevated blood lead level (search warrant), but in which an inspection was not completed prior to the tenant family vacating the property;
- (l) Establish a 30-day time frame for owners to fully address all Lead Violations Notices, unless exigent circumstances exist or the unit is occupied only by senior citizens;
- (m) Require owners to pay for all costs of the relocation of families impacted by related abatement or hazard control;
- (n) Require that all pre-1978 Rental Housing located in Conservation Districts undergo lead remediation or risk reduction prior to the lease of any unit as part of a primary prevention strategy; and
- (o) Expand the Housing Conservation District to all areas of the City and/or establish a lead-only pre-rental inspection program for all areas of the City that are not currently Housing Conservation Districts.
- (p) Require lead safe window modification or replacement in all units where a child with an elevated blood lead level (“EBL”) greater than 10 µg/dl lives, and where the windows have been determined to present a lead hazard.

In addition to the above legislative initiatives, the following legislative initiative will be explored:

Require registration of all pre-1978 rental properties with the Building Division at an annual fee of \$15.00 per unit; but providing an exemption for renewal registration fees for any such unit where proof of its lead safety has been established and on file with the Building Commissioner; such registration will improve the City's ability to track property ownership for lead hazard control education, inspection and compliance.

- ***State legislative initiatives:*** The Mayor will support the introduction and passage of legislation in the Missouri General Assembly with the following provisions:
 - (a) Implement Medicaid funding of lead prevention cleaning treatments and lead hazard reduction measures (Rhode Island model) in the properties of Medicaid recipients;
 - (b) Enact a comprehensive Lead Hazard Reduction in Rental Housing Program (Limited Liability Protection for landlords who comply with prescribed preventive lead hazard reduction, registration and education requirements).
 - (c) Require that lead hazard reduction/remediation standards be met at occupant turnover in all pre-1978 rental properties or rental properties that have not been certified as lead-free (consider higher standards -

including window replacement or modification) in return for a possible private sector limited liability protection program;.

- (d) Ensure that lead-safe inspection protocols for foster care, childcare and day care properties are fully implemented.

In addition, when the condition of the Missouri budget permits, the Mayor will also seek legislation providing for appropriate Income Tax Credits for lead-painted window replacement or replacement of lead-painted components such as doors or trim of up to \$5,000 per unit when no grant or loan funds have been awarded for the project.

- ***Federal legislative initiatives:*** The Mayor will support the introduction and passage of legislation in Congress with the following provisions:
 - (a) Implement tax credit incentives similar to those described above at the federal level;
 - (b) Implement liability limitation incentives described above on a federal level;
 - (c) Implement Medicaid funding at the federal level of lead prevention cleaning treatments and lead hazard reduction measures (Rhode Island model) in the properties of Medicaid recipients.
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APPENDIX 1: Sample Outcomes Matrix

Department/Agency Building Division/DPS					
Deliverable	Staff Responsible	Action	Task	Deliverable Completed/Update	Outcome/ Accomplishment
Perform Inspection on EBL Units	Mr. J. Smith	Respond to all referrals in 48 hours	Schedule Unit for Inspection and Write Up	38 Units completed as of 9/30/03 38 Units referred as of 9/30/03	20 units referred for Intervention to BD Detox Crews 10 Units referred for grants to UL 8 Units referred for Relocation