



Legislation Text

File #: 17-003, Version: 1

MEMORANDUM

TO: BOARD OF SUPERVISORS

FROM: Denise Pomeroy, Health Services Director

DATE: January 10, 2017

SUBJECT: Adopt Resolution Authorizing Submission of a Grant Application From Lake County Health Services to the California Department of Public Health, Childhood Lead Poisoning Prevention Branch (CLPPP) Grant Program for Fiscal Years 2017/2018 through 2019/2020, in the Amount of \$201,914 and Authorize the Director of Health Services to Sign Said Application and Grant

EXECUTIVE SUMMARY:

The Health Services Department is requesting Board approval to apply for these recurring grant funds to continue the Public Health Division's Childhood Lead Prevention Program. This is an approved budgeted program.

This grant will be used to work on six goals and fourteen objectives outlined in the Tier 1 scope of work during the next three year grant cycle. The program will continue to provide increased awareness to providers and child caregivers of lead hazards for children at risk of lead exposure, support county-wide surveillance efforts, refine and enhance presentations to increase awareness. Health Services will ensure that all required reports and documentation of activities within the Lake County program are provided to the State and will continue collaboration with Environmental Health and other local agencies.

The County of Lake has had no State lead level cases in the last three years. As of July 1, 2017 the new state definition for lead poisoning will be defined as any child (under age 21) who is found with:

- A single blood lead level (BLL) > 14.5 mcg/dL (venous) or
- Persistent BLLs >9.5dL, taken at least 30 days apart and with the second test being venous.

The Public Health Childhood Lead Poisoning Prevention Program is working with the State program to obtain some educational materials for the fire victims on the topic of "Lead in Soils".

Should you have any questions, or require additional information, please contact me at 263-1090.

FISCAL IMPACT: X__ None __Budgeted __Non-Budgeted

Estimated Cost:

Amount Budgeted:

Additional Requested:

Annual Cost (if planned for future years):

FISCAL IMPACT (Narrative): None

STAFFING IMPACT (if applicable): None

RECOMMENDED ACTION: Your Board's approval is requested and recommended.

Thank you for your consideration of this request.