CLPPP FUNDING FORMULA

For ~last 10 years, IDPH has used a regression analysis to predict the number of lead-poisoned children per program for funding.

This was based on:

1. Percent pre-1950 housing.
2. Percent children in poverty.
3. Percent combined Hispanic and minority population.

Now that we are close to 100% testing across the state, we don’t need to predict EBL cases, we know what they are.
In addition, we have given additional money to programs that could spend it and decreased funding to programs that did not spend their funds.

This caused some programs to receive a level of funding that was far above the level they would have received based on regression analysis.

As funding is declining, programs are all spending funds, and funding needs to be brought in line with cases of EBL children, especially since you all identified this as a priority in the survey.
For the FY 2015 CLPPP application, we have used the average number of lead-poisoned children identified in the 2004, 2005, and 2006 birth cohorts to determine how much funding a county is estimated to receive.

This does not cause a huge change in funding for anyone, but it should be more fair since it’s based on actual data rather than a projection of the number of lead-poisoned children.
HHLPSS

Healthy Housing and Lead Poisoning Surveillance System

It’s been about 10 years since this effort began

Yes, it’s really coming!!!!
HHLPPSS
What does this mean?

1. You will NOT be entering blood lead test results into the database.

   IDPH will import all blood lead test results into HHLPPSS.
HHLPPPSS
What does this mean?

2. You WILL be entering all case management actions into the database.

3. Data will still be kept “by jurisdiction” (new word for CLPPP).

4. You will have some ability to search other jurisdictions for a child—might have to ask us to do it for you.

5. You will access HHLPPPSS with a token.
The first step is to migrate data from IDPH STELLAR and all local STELLARs into a single web-based SQL database.

IDPH and CDC have been testing import of IDPH and “jurisdiction” data into HHLPSS. This involves making sure that all of the data from STELLAR ends up in the correct place in HHLPSS.

CDC staff working on this project have been very helpful. A number of states have put STELLAR on hold, mostly due to a lack of funding. To a certain extent, we have CDC’s undivided attention, and we are taking advantage of it.
HHLPSS
The planned deployment date is July 2014.

You are already seeing some effect on your programs:

1. Need to upload DBF and DAT/MEM files monthly.
2. You have been receiving requests to clean up data. This will continue up to the last minute—by then, you shouldn’t have much to fix.
3. You’ve been getting requests for updates to token paperwork.
HHLPSS

1. We are now working individual tokens. We believe that we purchased enough tokens when we had CDC grant money that you shouldn’t have to buy tokens.

2. As we are more comfortable with what will be close to the final version of the system, you will be hearing about training. We would prefer to do that via webinar (you probably would, too). Look for a pilot of training in March.

3. While there are places to enter some Healthy Homes information and a lot more information about sources of lead poisoning, our initial focus will be on the data you need to enter and the reports you need to run to get paid.
1. We’ve been having some problems with STELLAR. STELLAR is NOT breaking. We are using it more, and it’s getting to the point that there is a lot of “junk” in the STELLAR directories that I believe is causing problems.

2. I’m the HelpDesk for STELLAR, so please call or email me if you have problems. It’s possible that I will need remote access to your system via Remote Desktop, LogMeIn, or another program. I think I have one pending request in Story County.
Questions about STELLAR or HHLPSS???