1. Program Purpose and Budget Overview

The Office of Lead Hazard Control and Healthy Homes (OLHCHH) has primary responsibility for the lead-based paint and healthy homes activities of HUD and is directly responsible for the administration of the Lead-Based Paint Hazard Reduction program authorized by Title X of the Housing and Community Development Act of 1992.

The mission of the OLHCHH is to provide safe and healthy homes for at-risk families and children by promoting and funding housing repairs to address conditions that threaten the health of residents. As part of this mission, the OLHCHH is involved in coordinating disparate health and housing agendas, supporting key research, targeting enforcement efforts, and providing tools to build sustainable
local programs that mitigate housing-related health hazards. The OLHCHH assists states and local governments in remediating unsafe housing conditions and addressing the acute shortage of decent and safe dwellings for low-income families.

The 2020 President’s Budget of $9 million is $1.4 million more than FY 2019 Annualized Continuing Resolution (CR) level. This increase in funding reflects the prioritization by the Secretary to reduce lead hazards in homes and will support increased staffing to administer $290 million of Lead Hazard Control and Healthy Homes Grant Programs in FY 2020—a programmatic increase of $60 million over 2019 annualized CR program funding levels.

**Personnel Services (PS):** The OLHCHH is requesting $8.3 million to support 50 (full-time equivalents) FTEs, an increase of 8 FTEs over 2019 CR Annualized levels. The increased staffing will allow OLHCHH to adequately provide technical assistance and program oversight to the expected increase in grants to communities for the control of lead-based paint hazards and other health and safety hazards in housing.

**Non-Personnel Services (NPS):** The OLHCHH is requesting to remain constant with FY 2019 NPS funding, while Working Capital Fund (WCF) expenses will increase by $47 thousand for FY 2020.

**The OLHCHH specific policy goals in the 2020 President’s Budget are identified below:**

- **Priority 1:** Expansion of the Lead Hazard Control Grant Programs. This function, which covers both lead hazard control work and the work done through the healthy homes supplements, is performed by the Lead and Healthy Homes Programs Division and Grants Services Divisions. Approximately 60 percent of the NPS travel budget is for the Lead and Healthy Homes Programs Division for grantee monitoring visits.

- **Priority 2:** Expanded enforcement of HUD’s Lead Safe Housing Rule. This function is performed by the Program and Regulatory Support Division. Approximately 10 percent of the NPS travel budget is for the Program and Regulatory Support Divisions on-site monitoring visits.

- **Priority 3:** Technical support and outreach on the Elevated Blood Lead Level Amendment to the Lead Safe Housing Rule. This function is performed by the Program and Regulatory Support Division. Approximately 10 percent of the NPS travel budget is for the Program and Regulatory Support Divisions on-site monitoring visits.
• **Priority 4**: National Lead Safe Housing Campaign. This function is used to educate key audiences (e.g., housing ownership, maintenance and renovation industries, state and local governments, community development corporations, philanthropies, and the public), about methods and resources available to prevent lead poisoning from housing; it is performed by the immediate Office of Lead Hazard Control and Healthy Homes.

2. **Key Operational Initiatives**

With the deployment of a new OLHCHH grants management cloud computing system, staff and grantees alike have access to tools for planning, reporting, and evaluation. The use of cloud services for the OLHCHH grants program has reduced the use of HUD servers, increased the stability of the system, and has made it more accessible to grantees. Enhancements to the system are expected to enable improved programmatic evaluation to determine the Return on Investment for grantees’ activities in terms of costs for outreach, assessment, intervention, and evaluation relative to the cost-savings associated with reduced medical costs, lost work days, and/or lost school days for an individual or household served by the programs.