

Cooperative State and Local Program – A Model of State Agency and Local Government Service

The Local Health Department and City and County Government in Virginia.

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Distribution of this document requires written approval of the author.

Abstract

This systems study was prepared in 2005 to explore the cooperative relationship between the local health department and local governments in Virginia. This writing explores the cooperative relationship - to include reporting structure, budget and organization, communications and programs, historical development of public health in Virginia; and, to analyze the systems that make local public health services within the local government framework a positive example. In one respect – a primer on public health at the local government level. The writing may serve as an introduction to local public health in Virginia; and, to a lesser extent, an introduction to local government from a public health perspective.

The document reflects the personal opinions of the author.

The author relied heavily upon and quotes from the works of the Virginia Joint Legislative Audit and Research Commission reports on the Virginia Department of Health. Extensive interviews were conducted with health directors and local government officials.

Acknowledgement

I wish to thank those who participated in this effort and acknowledge their contribution to this leadership development program and in guiding this publication. My mentors – Elaine Perry, MD, previous Health Director, Peninsula Health Director and now with Merck Pharmaceuticals and Jackson Tuttle, City Manager of the City of Williamsburg. Further to acknowledge the support of SEPHLI Executive Director Claudia Fernandez, SEPHLI graduate Lillian Peake, MD, Deputy Commissioner of Community Health Jeff Lake, Bob Mauskapf, and fellow Bordeaux Bowlers – Vicki Green, Susan Chappel-Whitt, Mary Bobbitt Cooke, Diane Morris & “the Dude” Mark McCalman. This paper was prompted by the relationship that I have had in working with some of Virginia’s finest health directors in my previous role in local government – Diana Helentjaris, MD; Susan McLeod, MD and Jared Florance, MD and the local health directors and district planners with whom I work in the Eastern Region of the Virginia Department of Health. And to thank those health directors, staff of the health departments and local governments that were interviewed. Touchstone, Mary Ann.

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ON THE FRONT LINE

Doctor Gloria Addo-Ayensu, Fairfax County Health District Director, sat at the large rectangular tables preparing for the conference call with Tony Griffin, Fairfax County Executive. Her health department conference room was surrounded with charts listing events with dates and times. Adjacent to a pad of paper and pens nearby was an 800 megahertz portable radio – the kind most often seen in the hands of a different type of first responder, a police officer or a firefighter. Surrounding her were supervisors and directors of laboratory, nursing, emergency preparedness staff, another doctor and a Fairfax County Battalion Fire Chief. They were preparing for the next of a series of conference calls, some of which were occurring simultaneously, on the reports of anthrax detected in monitors at the mail facility for the Department of Defense and a private defense contractor. A copy of the front page of that morning's Washington Post sat at the other end – a picture of the contractor staff peering out from the office windows where they had been “quarantined” the day prior. The conference call Dr. Addo-Ayensu was waiting for would be with representatives of federal, state and local officials and involve a variety of response agencies.

It was clear however that the quiet, unassuming, background roles that public health plays across the 119 city and county local health districts, was today placing the health director in an elevated role in the response by Fairfax County government. The recognition of the community health services has brought greater attention to the unique role of local government and the local Virginia health department functions.

And, some cities and counties have found this state and local health relationship to be of value in providing additional services to its citizens thru community health services. These services may include dental services, enforcement of local codes related to public health, and operation of clinics to serve the citizens. In some cities and counties local government funded positions work side by side with state personnel.

BACKGROUND

The Virginia Department of Health is a State agency created pursuant to the General Assembly and the Code of Virginia, Title 32.1, Health. The State Board of Health, as it was originally named in 1872 was created by the General Assembly and has evolved over centuries. Of interest to note is that Fairfax County Health Director Doctor Addo-Ayensu's predecessors in 1872 were dealing with likewise dealing with biological agents.

This health department and local government evolution has included the manner in which local governments have responded to citizen needs in partnership with the local health director. The Cooperative Health Department was created by the Acts of Assembly in 1954 and the funding formula between the localities and the State established at that time.

Affecting the roles of the local governments is the Dillon Rule, as Virginia is a Dillon Rule state. Differing from such other non-Dillon Rule states like Florida, state and

local government services are limited to that expressly permitted by the General Assembly.

Dillon Rule – The first part of Dillon’s rule states that local government has only these type of powers:

- Those granted in express words
- Those necessarily or fairly implied in or incident to the powers expressly granted; and
- Those essential to the declared objects and purposes of the corporation, not simply convenient, but indispensable.

The second part of Dillon’s rule state that if there is any reasonable doubt whether a power has been conferred in a local government, then the power has NOT been conferred. This is the rule of strict construction of local government powers.

Clay Wirt, Dillon Rule, VML 1989, cited on National League of Cities website

An understanding of the Dillon Rule is important to an appreciation of the differences in services in comparison with other states' health agencies and services; and, in the services the local health department can provide.

A list of services that cities and counties have contracted with the local health district to provide include –

- Operation of medical clinic services to the public
- Community health education
- Dental programs
- Code enforcement related to solid waste, smoking, air pollution, mosquito control, local building and development codes, weed control, and others
- Well and septic inspections
- Communicable disease services
- School health services and nurses
- Maternal programs
- Occupational health services for government employees

COOPERATIVE PROGRAM – ORGANIZATION AND FINANCING

The following is taken from the JLARC document on the Virginia Department of Health.

All cities and counties are required by State law to have a local health department (Section 32.1-30, *Code of Virginia*). They may contract with the State to provide public health services either as a single jurisdiction or in combination with neighboring cities and counties. All cities and counties in the State have participated in this cooperative arrangement since 1971.

The 119 local health departments are organized into 36 health districts The size of a particular health district depends solely on whether or not operating agreements have been reached with nearby local governing bodies. For example, Alexandria is a health district in and of itself; however, the Rappahannock Health District contains five local health departments.

The local health departments generally operate satellite offices under the guidance of a district director. The district director is appointed by the Commissioner of Health and must be a physician. Appointment of the director is also subject to the approval of the local jurisdictions. The director appoints all subordinate positions within the district, including a central management team which is responsible for the local administration of the district.

Community Health Department Funding

“Community Health Departments are funded primary through the cooperative budgets, which are composed of State and local funds. Many of the CHDs also receive

federal block grant funds for the operation of federal health programs in the localities (maternal and child health planning, family planning, and the Women, Infants and Children program). These block grants are obtained by the VDH through separate “State matching funds. Health districts may apply to the VDH to obtain funds.

The state and local funding formula has been a source of discussion and was last analyzed by the Joint Legislative Audit and RC in 1988 the formula remains unchanged.

The Current Formula Has Limitations -

The CHD program was created by the General Assembly in 1954. At that time, a formula was established to determine the percentage shares of the cooperative health department budget which would be paid by Virginia localities. This formula, which is based on the estimated true value (ETV) of locally taxable real property, represented an effort to incorporate some measure of local ability to pay for health services. The minimum and maximum local contributions toward the CHD program are set at 18 percent and 45 percent, respectively, ensuring that the State pays for a majority portion of each local CHD budget. “

The Cooperative Health Department – as stated previously – can be a single jurisdiction or multi-jurisdiction agency. In two cases the Cooperative Health Department is in fact a department within the local government. Fairfax County and the County of Arlington have opted to provide the services through a local program. As recent as 2004, The City of Richmond chose to revert from a department of the City to a State office.

Multiple jurisdiction Cooperative Health Departments are the predominant mode of agency type. In each of these cases the local health director and his or her staff is challenged in responding to the requirements of each of the local governments. In Virginia the only district with two local governments to serve is the Eastern Shore Health district. The largest health district is Three Rivers, also in the Hampton Roads area, which serves 10 counties. The average district serves between 5 and 6 local governments. Only 9 health districts, which tend to be in urban areas, serve single jurisdictions –

Two in Northern Virginia – Alexandria City and Arlington County

Two in the Richmond area – Richmond City and Henrico County

Five in Hampton Roads – The cities of Virginia Beach, Norfolk,
Chesapeake, Portsmouth & Hampton

Of interest to note is the comparison of the manner that public health services are provided in the Mid-Atlantic Region States. The following table presents a comparison of the state and local relationship, reporting relationship with local governments. On the whole it appears there are a number of commonalities. The one factor that does stand out is the that Virginia requires the health director to be a licensed physician. While not required in other states, it does appear that many of the directors in these states are physicians. A review of programs offered by many of the health departments in the Mid-Atlantic region does also reflect a commonality in the services provided by health departments.

Table
**Comparison of Health Departments in the
 Mid-Atlantic Region States**

	Health Department Are State Employees	Reserved	Health Director is a licensed physician	Can serve more than one local government
Virginia	Yes		Yes	Yes
Maryland	Yes		No	No
North Carolina	Local government		No	Yes
South Carolina	Yes		No	n.a.
Tennessee	Yes		No	Yes
West Virginia	No		No	n.a.
District of Columbia	Federal District		Yes	Not applicable

CENTRAL OFFICE PROGRAMS

It should be recognized that there are Virginia Department of Health programs which differ from the programs offered through the local health district. These Central Office functions, while under the rubric of the Virginia Department of Health, are not under the local health director. Sometimes the local health director is asked to become involved on behalf of the local government agency, to the Central Office functions.

The table below is presented to clarify these separate functions –

TABLE

Functions Associated with Community Public Health Programs and Central Office Regulatory Programs	
Community Public Health Functions 35 districts, 119 local health departments	Central Office Regulatory and Other Functions
Communicable Disease – TB, Immunizations, STD/HIV, Epi Clinics Women’s Healthcare Environmental Services Emergency Preparedness Optional Locally financed Programs – School Health Services & Nurses Local codes enforcement	Shellfish inspection Longer term care facilities Managed Care Health Insurance Programs Emergency Medical Services Drinking water programs Chief Medical Examiners Office Adjudication office Health Policy and Planning Information Management/Health Alert Network

LOCAL GOVERNMENT IN VIRGINIA

Virginia is unique among the 50 states as each city and county is separate; each an independent unit of government. The Virginia Municipal League indicated that as of May 1, 2004 Virginia had 39 cities and 95 counties. In addition there are towns. Towns are subdivisions of the county, or counties, in which they are located. Some towns can be quite urban and of considerable population – Blacksburg, in Montgomery County, has a population of 39,600. Christiansburg, also a town in Montgomery County, has a population of 17,000. Montgomery County has a population including the two towns of 86,000. Leesburg, a town in Loudon County, has a population of 28,000.

The local governments in Virginia are typically managed or administered by a city manager, in the case of cities. And, a county administrator (manager or executive) in the case of counties. In the more urban areas of the state it is routine for a health director to be treated as a “department” of the city or county government. The health director may find themselves attending staff meetings and retreats, invited to out-of-town training programs, and called upon to represent the city or county government as an ambassador of the local government – at some public function. It seems to be more typical for a local health director to enjoy this opportunity when he or she serves a single local government. It becomes more difficult for a director when he or she serves multiple districts. In the course of carrying out public health and related functions, within the local government structure, the health director and his or her staff will become involved with a number of different departments, agencies and other units of local government.

PARTNERING RELATIONS –
COMMUNITY SERVICES BOARDS, REGIONAL AGENCIES, AUTHORITIES,
SPECIAL DISTRICTS, PLANNING DISTRICTS AND PUBLIC EDUCATION

From time to time, based upon the local government, local health districts may find themselves interacting with hybrid or quasi-governmental agencies, regional agencies and public education. The Commonwealth permits local governments to create special units of government to meet financial or service needs of the community. In addition, the local government Community Services Board is a locally created, often serving more than one local government, service delivery for mental health, mental retardation and substance abuse services. The health director or his or her staff typically serves on the Comprehensive Policy Management Team, a committee structure that coordinates services to special needs populations. The local health director may also find him or herself working with a local or regional solid waste authority, water authority or other entity that appears to be neither local nor state.

The evolution of public schools governed by locally elected school boards has further distanced itself from what some once erroneously thought to be a “department” of the local government. In the last decade citizens have had the opportunity to directly elect School Boards. Prior to that, school boards were appointed by the city council or board of supervisors. There are instances where the local school district and health

department work together – in the case of the City of Norfolk, the Norfolk Health department employees and supervises the School Nurse program for the City of Norfolk.

As it is important to learn and understand relationships in one’s own organization; so it is important to learn and understand other organizational relationships.

The following is a table to typical relations between the local health department and local government –

TABLE
TYPICAL RELATIONSHIP CHART OF INVOLVEMENT OF LOCAL HEALTH
DEPARTMENT AND LOCAL GOVERNMENT AGENCIES

Local Government/ Local Health Dept.	City Manager	P.Works and Util.	Codes Enf.	Social Services	CSB	Personnel	Library	Econ Dev	Public Schools	Emg Mgt
Director	X	X			X	X		X		X
Nursing					X				X	
Environmental Management		X	X							X
Health Education				X		X			X	
Medical Services				X		X	X		X	
Emg Prep & Response				X	X	X			X	X

The “X” indicates predominant relationship, but not exclusive relationship.

ROLES OF THE LOCAL HEALTH DIRECTOR

The local health director in Virginia is required to be a physician licensed to practice in the Commonwealth. This position enables her and him to be a uniquely qualified member of the local government organization. With the exception of licensed attorney, architects and engineers, only the health director with his or her medical license, comes to the organization with a certificate attesting to their bonafides.

This affords, as in the case of Fairfax County's anthrax scenario response, support to the local government chief administrator and elected officials with a staff member of a stature equal to other federal and state or private medical experts.

Local governments in Virginia have seen fit to utilize these experts to both enrich their organizations and to take full advantage of the services. The local health director has served to advise on policy issues on the regulation of food establishments, development of no-smoking policies, and a depth of knowledge not previously experienced in bio-terrorism planning and response.

Intangibly, the local health director serves in other meaningful roles on policy making boards for charitable organizations, on "review boards" for the care and education of special education students placed outside the school system. And, perfunctorily in representing the community and organization he or she serves. Be it at a league of elected officials gathering or the United Way Board of Directors.

EMERGENCY PREPAREDNESS AND RESPONSE

Since late 2002, early 2003 the Emergency Preparedness and Response division of the Virginia Department of Health has enabled local health districts to enhance their preparedness and response for emergencies. Each health district has an emergency preparedness planner and an epidemiologist for disease surveillance and investigation. Planners work closely with local government emergency managers and others in local government on the community's emergency plans. Epidemiologists are a surveillance and reporting arm of the health district. Epidemiologists have a close working relationship with hospitals and medical providers.

The Emergency Preparedness and Response program has enabled cities and counties to enhance disease surveillance in the community, develop plans and exercise plans – particularly dispensing sites for vaccinations and distribution of medicines.

OBSERVATIONS

The following observations are presented –

- Virginia is unique in the mid-Atlantic area for its requirement to have a licensed physician as the director for local public health.
- The State Health Department has created a unique framework to allow local governments a wide variety of options in health service delivery, while maintaining a baseline level of uniform service in the State.
- The “cooperative” state and local relationship provides health services attuned to the local needs within a comprehensive state public health framework
- The local health department is cost effective for local governments.
- Public health is affected by the private sector transfer of unprofitable programs, such as vaccination for travelers.
- Directors of health districts which serve only local government enjoy a closer working relationship with the local government agency.
- Directors of health districts which serve multiple local governments are challenged to find ways to maintain communications with the governments, innovatively looking to the planning district commissions as a platform for communications.
- The local health director, as a state employee, can serve as a neutral and politically unbiased arbiter on enforcement of codes.
- Regulatory, administrative and other central office functions are distinct from local health district responsibilities.

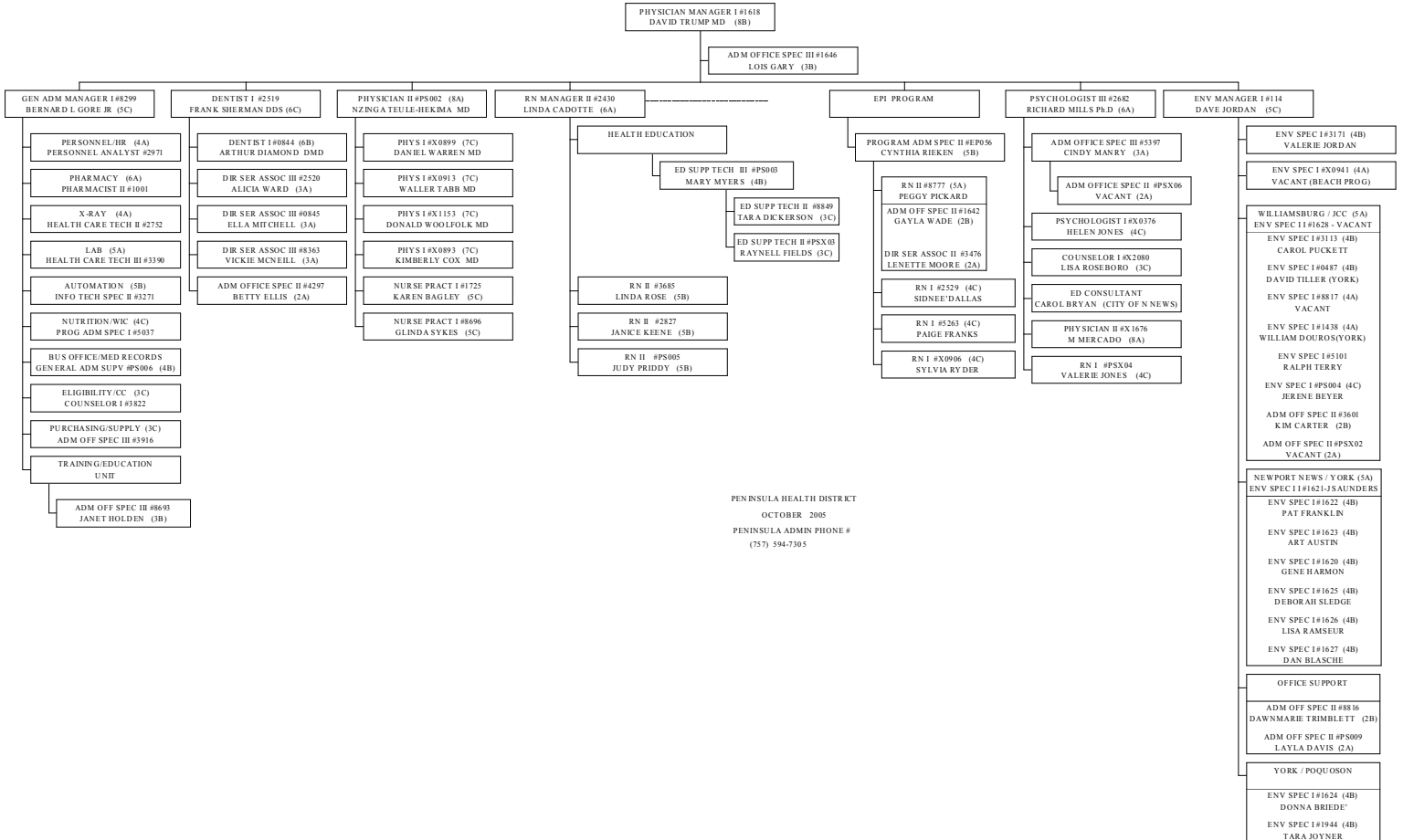
- The U. S. Centers for Disease Control and Prevention funding of Emergency Preparedness and Response local health programs has expanded the response capability to all hazards, and particularly to “bio-“ and terrorist threat hazards.

In Conclusion – the State and Local Public Health relationship with local governments serves as a model for state agency and local government cooperation and services to the public.

Typical Health Department Organizational Chart

Urban Multi-district Agency

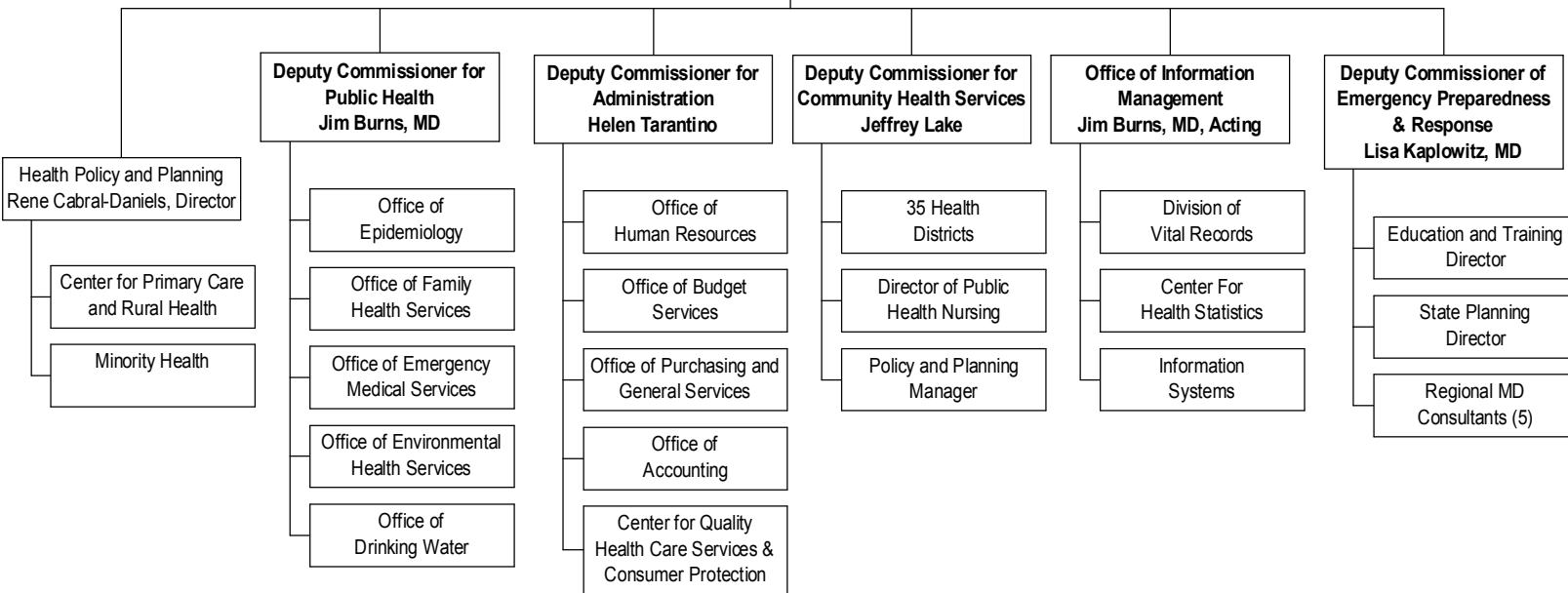
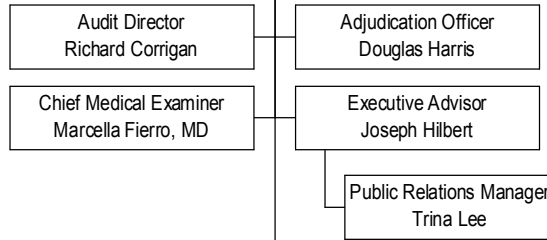
ADMINISTRATION



PENINSULA HEALTH DISTRICT
OCTOBER 2005
PENINSULA ADMIN PHONE #
(757) 594-7305

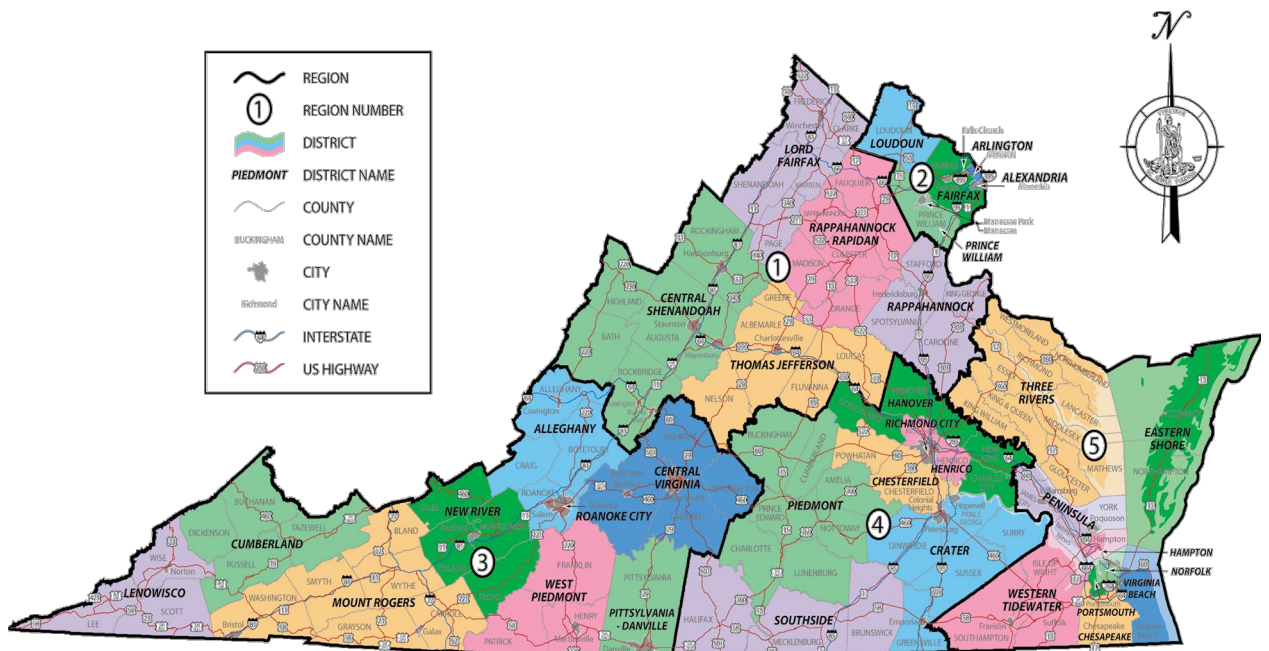
**VIRGINIA DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER
JANUARY 2005**

**COMMISSIONER
ROBERT B. STROUBE, MD, MPH**



VIRGINIA HEALTH REGIONS

(A list, by Health Region, that includes corresponding Districts and Localities is provided on the following pages.)



REGION	DISTRICT	JURISDICTION/LOCALITY
Region 1: Northwest	Central Shenandoah	Augusta Bath Buena Vista Highland Rockbridge Rockingham Waynesboro
	Lord Fairfax	Clarke Frederick Page Shenandoah Warren Winchester
	Rappahannock	Caroline Fredericksburg King George Spotsylvania Stafford
	Rappahannock/Rapidan	Culpeper Fauquier Madison Orange Rappahannock
	Thomas Jefferson	Albemarle Fluvanna Greene Louisa Nelson

REGION	DISTRICT	JURISDICTION/LOCALITY
Region 2: Northern	Alexandria	Alexandria
	Arlington	Arlington
	Fairfax	Fairfax Co. Falls Church
	Loudoun	Loudoun
	Prince William	Manassas Manassas Park Prince William

REGION	DISTRICT	JURISDICTION/LOCALITY
Region 3: Southwest	Alleghany	Alleghany Botetourt Clifton Forge Craig Co. Covington Roanoke Salem Vinton
	Central Virginia	Amherst Appomatox Bedford Campbell Lynchburg
	Cumberland Plateau	Buchanan Dickenson Russell Tazewell
	Lenowisco	Lee Scott Norton Wise
	Mount Rogers	Bland Bristol Carroll Galax Grayson Smyth Washington Wythe
	New River	Floyd Giles Montgomery Pulaski Radford
	Pittsylvania-Danville	Danville Pittsylvania
	Roanoke	Roanoke City Salem Vinton
	West Piedmont	Franklin Co Henry Martinsville Patrick

REGION	DISTRICT	JURISDICTION/LOCALITY
Region 4: Central	Chesterfield Health District	Chesterfield Colonial Heights Powhatan
	Crater Health District	Dinwiddie Emporia Greensville Hopewell Petersburg Prince George Surry Sussex
	Hanover Health District	Charles City Goochland Hanover New Kent
	Henrico Health District	Henrico
	Piedmont Health District	Amelia Buckingham Charlotte Cumberland Lunenburg Nottoway Prince Edward
	Richmond City Health District	Richmond City
	Southside Health District	Brunswick Halifax Mecklenburg

REGION	DISTRICT	JURISDICTION/LOCALITY
Region 5: Eastern	Cheaspeake	Cheaspeake
	Eastern Shore	Accomack Northampton
	Hampton	Hampton
	Norfolk	Norfolk
	Peninsula	James City Newport News Poquoson Williamsburg York
	Portsmouth	Portsmouth
	Three Rivers	Essex Gloucester King & Queen King William Lancaster Mathews Middlesex Northumberland Richmond Co. Westmoreland
	Virginia Beach	Virginia Beach
	Western Tidewater	Franklin City Isle of Wight Southampton Suffolk

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH**

STATEMENT OF AGREEMENT WITH the Board of Supervisors of (City or County Board of Supervisors Name)

Under this agreement, which is created in satisfaction of the requirements of . 32.1-31 of the *Code of Virginia* (1950), as amended, the Virginia Department of Health, over the course of one fiscal year, will pay an amount not to exceed _____, from the state general fund to support the cooperative budget in accordance with appropriations by the General Assembly, and in like time frame, the **Board of Supervisors of (City or County Board)** will provide by appropriation and in equal quarterly payments a sum of _____. These joint funds will be distributed in timely installments, as services are rendered in the operation of the **(City or County Board)** Health Department, which shall perform public health services to the Commonwealth as indicated in Attachment A(1.), and will perform services required by local ordinances as indicated in Attachment A(2.). Payments from the local government are due on the third Monday of each fiscal quarter.

The term of this agreement begins July 1, 2004. This agreement will be automatically extended on a state fiscal year to year renewal basis under the terms and conditions of the original agreement unless written notice of termination is provided by either party. Such written notice shall be given at least 60 days prior to the beginning of the fiscal year in which the termination is to be effective. Any increase or decrease in funding allocation shall be made by an amendment to this agreement.

The parties agree that:

1. Under this agreement, as set forth in paragraphs A, B, C, and D below, the Commonwealth of Virginia and the Virginia Department of Health shall be responsible for providing liability insurance coverage and will provide legal defense for state employees of the local health department for acts or occurrences arising from performance of activities conducted pursuant to state statutes and regulations.
 - A. The responsibility of the Commonwealth and the Virginia Department of Health to provide liability insurance coverage shall be limited to and governed by the Self-Insured General Liability Plan for the Commonwealth of Virginia, established under . 2.2-1837 of the Code of Virginia. Such insurance coverage shall extend to the services specified in Attachments A(1.) and A(2.), unless the locality has opted to provide coverage for the employee under the Public Officials Liability Self-Insurance Plan, established under . 2.2-1839 of the Code or under a policy procured by the locality.

- B. The Commonwealth and the Virginia Department of Health will be responsible for providing legal defense for those acts or occurrences arising from the performance of those services listed in Attachment A(1.), conducted in the performance of this contract, as provided for under the Code of Virginia and as provided for under the terms and conditions of the Self-Insured General Liability Plan for the Commonwealth of Virginia.

LGA03.doc August 2003

- C. Services listed in Attachment A(2.), any services performed pursuant to a local ordinance, and any services authorized solely by Title 15.2 of the Code of Virginia, when performed by a state employee, are herewith expressly excepted from any requirements of legal defense or representation by the Attorney General or the Commonwealth. For purposes of assuring the eligibility of a state employee performing such services for liability coverage under the Self-Insured General Liability Plan of the Commonwealth of Virginia, the Attorney General has approved, pursuant to . 2.2-507 of the Code of Virginia and the Self-Insured General Liability Plan of the Commonwealth of Virginia, the legal representation of said employee by the city or county attorney, and the **Board of (Name of City of County)** hereby expressly agrees to provide the legal defense or representation at its sole expense in such cases by its local attorney.
- D. In no event shall the Commonwealth or the Virginia Department of Health be responsible for providing legal defense or insurance coverage for local government employees.
2. Title to equipment purchased with funds appropriated by the local government and transferred to the state, either as match for state dollars or as a purchase under appropriated funds expressly allocated to support the activities of the local health department, will be retained by the Commonwealth and will be entered into the Virginia Fixed Asset Accounting and Control System. Local appropriations for equipment to be locally owned and controlled should not be remitted to the Commonwealth, and the local government's procurement procedures shall apply in the purchase. The locality assumes the responsibility to maintain the equipment and all records thereon.
3. Amendments to or modifications of this contract must be agreed to in writing and signed by both parties.

 State Health Commissioner
 Virginia Department of Health

 Local authorizing officer signature

 Authorizing officer printed name

 Authorizing officer title

Date

Date

Approved as to form by the Office of Attorney General on April 26, 2002.

Attachments: Local Government Agreement, Attachment A(1.)
Local Government Agreement, Attachment A(2.)

LGA04.doc July 2003

LOCAL GOVERNMENT AGREEMENT, ATTACHMENT A(1.)

VIRGINIA DEPARTMENT OF HEALTH
COMMUNITY HEALTH SERVICES

BASIC PUBLIC HEALTH SERVICES TO BE ASSURED BY LOCAL HEALTH DEPARTMENTS
INCOME LEVEL A IS DEFINED BY THE BOARD OF HEALTH TO BE MEDICALLY INDIGENT (32.1-11)

For Each Service Provided, Check Block for Highest Income Level Served			
COMMUNICABLE DISEASE SERVICES	Income A only	Defined by Federal Regulations	All (specify income level if not ALL)
Childhood Immunizations As provided for in 32.1-46			X
Sexually transmitted disease screening, diagnosis, treatment, and surveillance 32.1-57			X
Surveillance and investigation of disease 32.1-35 and 32.1-39			X
HIV/AIDS surveillance, investigation, and sero prevalence survey 32.1-36, 32.1-36.1, 32.1-39			X
Tuberculosis control screening, diagnosis, treatment, and surveillance 32.1-49 and 32.1-54			X
CHILD HEALTH SERVICES	Income A only	Defined by Federal Regulations	All
Children Specialty Services; diagnosis, treatment, follow-up, and parent teaching 32.1-77, 32.1-89 and 32.1-90			X
Screening for genetic traits and inborn errors of metabolism, and provision of dietary supplements 32.1-65 and 32.1-69			X

Well child care up to age __ (enter year) Board of Health	X		
WIC Federal grant requirement		X	
EPSDT DMAS MOA			X
Blood lead level testing CDC			X
Outreach			X
Community Education 32.1-11.3 and 32.1-23			X
Pre-school Physicals for school entry 22.1-270			X
Disabled disability Waiver Screenings DMAS MOA			X
Services for Children with Special health care needs Title V, Social Security Act			X
Child restraints in motor vehicles 46.2-1095, 46.2-1097			X
Babycare DMAS MOA			X

Revised 10/1/00

LOCAL GOVERNMENT AGREEMENT, ATTACHMENT A(1.)

VIRGINIA DEPARTMENT OF HEALTH
COMMUNITY HEALTH SERVICES

BASIC PUBLIC HEALTH SERVICES TO BE ASSURED BY LOCAL HEALTH DEPARTMENTS
INCOME LEVEL A IS DEFINED BY THE BOARD OF HEALTH TO BE MEDICALLY INDIGENT (32.1-11)

For Each Service Provided, Check Block for Highest Income Level Served			
	Income A only	Defined by Federal Regulations	All
MATERNAL HEALTH SERVICES			
Prenatal and post partum care for low risk and intermediate risk women 32.1-77, Title V, Social Security Act		X	
Babycare Services DMAS MOA		X	
WIC Federal grant requirement		X	
FAMILY PLANING SERVICES			
Clinic services including drugs and Contraceptive supplies Family Planning Population Research Act of 1970, Title X		X	
Pregnancy testing and counseling Family Planning Population Research Act of 1970, Title X		X	

Revised 10/1/00

LOCAL GOVERNMENT AGREEMENT, ATTACHMENT A(1.)

VIRGINIA DEPARTMENT OF HEALTH
COMMUNITY HEALTH SERVICES

ENVIRONMENTAL HEALTH SERVICES
BASIC PUBLIC HEALTH SERVICES TO BE ASSURED BY LOCAL HEALTH DEPARTMENTS

The following services performed in accordance with the provisions of the Code of Virginia, the regulation of the Board of Health and/or VDH agreements with other state or federal agencies.	
Ice cream/frozen desserts MOA Agriculture	X
Investigation of communicable diseases 32.1-35 and 32.1-39	X
Marinas 32.1-246	X
Migrant labor camps 32.1-203	X
Milk 3.1-530.4	X
Alternative discharging sewage systems 32.1-163	X
On-site sewage disposal 32.1-163	X
Rabies control 3.1-796.97-98	X
Restaurants/eating establishments 35.1.14	X
Sanitary surveys	X
Single home sewage discharge 32.1-164	X
Hotels/Motels 35.1.13	X
Water supply sanitation	X
Wells 32.1-176.2	X
Homes for adults DSS MOA	X
Juvenile Justice Institutions 35.1-23	X
Jail Inspections DOC MOA	X
Daycare centers DSS MOA	X
Radon 32.1-229	X
Summer camps/ Campgrounds 35.1.16-17	X

Revised 10/1/00

LOCAL GOVERNMENT AGREEMENT, ATTACHMENT A(1.)

VIRGINIA DEPARTMENT OF HEALTH
COMMUNITY HEALTH SERVICES

OTHER PUBLIC HEALTH SERVICES
BASIC PUBLIC HEALTH SERVICES TO BE ASSURED BY LOCAL HEALTH DEPARTMENTS

The following services performed in accordance with the provisions of the Code of Virginia, the regulations of the Board of Health and/or the policies and procedures of the State Department of Health	
Medicaid Nursing Home Screening DMAS MOA	X
Comprehensive Services Act 2.1-746, 2.1-751, 2.1-752, 2.1-753, 2.1-754, 2.1-747	X
Vital Records (Death Certificates) 32.1-254-255, 272	X
Early Intervention Services	X

Revised 10/1/00

LOCAL GOVERNMENT AGREEMENT, ATTACHMENT A(1.)

VIRGINIA DEPARTMENT OF HEALTH
COMMUNITY HEALTH SERVICES

OPTIONAL PUBLIC HEALTH SERVICES

For Each Service Provided, Check Block for Highest Income Level Served			
	Income A only	Defined by Federal Regulations	All
COMMUNICABLE DISEASE SERVICES			
Foreign Travel Immunizations			
CHILD HEALTH SERVICES			
School health services			
Sick child care			
Other:			
MATERNAL HEALTH SERVICES	Income A only	Defined by Federal Regulations	All
Funds for deliveries			
Funds for special tests and drugs			
Diagnosis, treatment, and referral for gynecological problems			
FAMILY PLANNING SERVICES	Income A only	Defined by Federal Regulations	All
Other:			

Revised 10/1/00

LOCAL GOVERNMENT AGREEMENT, ATTACHMENT A(1.)

VIRGINIA DEPARTMENT OF HEALTH
COMMUNITY HEALTH SERVICES

OPTIONAL PUBLIC HEALTH SERVICES

For Each Service Provided, Check Block for Highest Income Level Served			
GENERAL MEDICAL SERVICES	Income A only	Defined by Federal Regulations	All
Activities of Daily Living			
Community Education			
General Clinic Services			
Home Health Services (skilled nursing and therapy)			
Outreach			
Occupational health services			
Personal care			
Pharmacy services			
Hypertension screening, referral, and counseling			
Respite care services			
Other:			
SPECIALTY CLINIC SERVICES (List)	Income A only	Defined by Federal Regulations	All
DENTAL HEALTH SERVICES	Income A only	Defined by Federal Regulations	All
Preventive Clinic Services - Children			
Preventive Clinic Services - Adults			
Restorative Clinic Services			
Community Education			
Other:			

Revised 10/1/00

LOCAL GOVERNMENT AGREEMENT, ATTACHMENT A(2.)

VIRGINIA DEPARTMENT OF HEALTH
COMMUNITY HEALTH SERVICES

PUBLIC HEALTH SERVICES PROVIDED
UNDER LOCAL ORDINANCE

Neither the <i>Code of Virginia</i> nor Regulations of the Board of Health requires the following services to be provided by the local health department	
Accident Prevention	
Air Pollution	
Bird Control	
Employee Physicals	
General Environmental	
Housing - BOCA & local building codes	
Insect control	
Noise	
Plumbing	
Radiological Health	
Rodent Control	
Solid Waste	
Swimming facilities	
Weeds	
Smoking Ordinances	
Other environmental services (identify)	

Revised 10/1/00

LOCAL GOVERNMENT AGREEMENT, ATTACHMENT A(2.)

VIRGINIA DEPARTMENT OF HEALTH
COMMUNITY HEALTH SERVICES

PUBLIC HEALTH SERVICES PROVIDED UNDER
LOCAL ORDINANCES OR CONTRACT WITH LOCAL GOVERNMENTS

OPTIONAL PUBLIC HEALTH SERVICES

For Each Service Provided, Check Block for Highest Income Level Served			
	Income A only	Defined by Federal Regulations	All
Employee physicals			
Primary care for inmates in local jails or correctional institutions			
Other medical services (List)			
Other (please list)			

Revised 10/1/00

ABOUT THE AUTHOR: Dean BeLer, a regional emergency planning coordinator, is employed by the Virginia Department of Health, based in Newport News and Norfolk. He has previously served in local government in Virginia prior to his appointment to the Virginia Department of Health. Previous publications of his include – *A Fiscal Study of Greensville County* and *The Way Things Are – an analysis of trends in Virginia's Cities, Counties and Towns.*

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This publication reflects the views of Mr. BeLer.