

## MEMORANDUM

**DATE:** January 17, 2017  
**TO:** CRCOG Policy Board Members  
**FROM:** Lyle Wray, Executive Director  
**SUBJECT:** **State Public Health District Legislative Proposal**

CT DPH Commissioner Pino, after receiving numerous letters an input from various towns, Councils of Governments (COG) – CRCOG submitted a letter as was discussed at the last Policy Board meeting -- and others has revised his proposed health district plan considerably but he has expressed a clear desire to move forward with regionalization of health districts.

He met with the COG directors on January 9<sup>th</sup> and distributed detailed plans and proposed language. The revised proposal is summarized below electronic copies of all the materials provided are available from us.

### **Boundaries and Governance**

The proposal would regionalize all health departments into health districts that follow current COG boundaries. The governing board would be the Council of Governments board and the Board must meet at least annually.

Other aspects of the governance are:

The governing board would appoint an executive board for the health district comprising of at least ten (10) members with at least one from each of the following:

- Physician or surgeon
- Nurse
- Oral health professional
- Mental health professional
- One member of the public

The executive board membership is a three year term with one third of the board expiring every year. The executive board must meet at least quarterly and may appoint an executive committee.

A report of activities is required annually to the Commissioner of Health

### **Health Directors and Current Employees**

The executive board appoints a Health Director (HD) for a two year term. The language is silent on whether this term may be renewed

- The HD must be appointed after approval by the Commissioner

- If an HD is not appointed, within 60 days, Commissioner can appoint an HD.

When an HD is appointed, the current HDs terms are terminated

Full time employees of current health districts and departments automatically are employees of the district and will continue to have the same pension benefits as they do currently

Any additional employees will be filled in accordance with the new health district's system

## **Budgeting and Finances**

The executive board draws upon each town' treasurer for a proportionate share of the expenses of the district on a per capita basis. No specific amounts are defined.

The executive board holds a public meeting regarding its upcoming budget with projected estimates by April 30<sup>th</sup>.

The state provides a pro rata share to each district to be determined by the General Assembly (this is an unknown amount and presumably will fluctuate with each biennial budget). No minimum is prescribed.

## **Transition**

Commissioner of Public Health will appoint a local health organization to lead the transition for each COG. This says that director of health may be appointed for three years which term may be renewed (staff assumes this was a copy paste error).

There is one mention of January 1, 2020 which says the COG can take over prior to January 1, 2020, if they so choose.

There is no other indication of transition period. The provision of COGs taking over prior to January 1, indicates that the language was meant to include a due date for a transition but that is not included in the current language that was sent to the COG directors.

This proposal is considerably changed from the original but in our view does not meet the challenge of making a compelling case for the need for the proposal and of demonstrating the merits and benefits of such a transition. In addition, the question of funding is not clear and that the actual costs could be a very serious concern.