

## **INTRODUCTION**

The Center for Sharing Public Health Services visited the Shared Services Learning Community site of Yellowstone/Carbon Counties, Montana on May 8–9, 2014. This *Site Visit Report* documents the activities from the site visit as well as some of the Center’s observations.

The report includes a lengthy *Background* section for those not familiar with the partnership. For those familiar with the partnership, go directly to the *Observations* section, which starts on page 4.

## **BACKGROUND**

### **About the Center**

The Center for Sharing Public Health Services helps communities learn how to work across jurisdictional boundaries to deliver essential public health services. The Center serves as a national resource on cross-jurisdictional sharing (CJS), building the evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches.

***Building Evidence:*** One way the Center builds evidence is by working closely with a Shared Services Learning Community (SSLC), made up of demonstration projects in several states that encompass a diverse spectrum of CJS initiatives, from small-scale initiatives to full consolidation of health departments. The Center provides technical assistance and a forum that allows these communities to share lessons learned with each other and the Center. In return, the SSLC acts as a learning laboratory by providing real world experiences that the Center collects and analyzes and shares with the nation.

***Producing and disseminating tools, methods and models:*** The experiences of the SSLC, along with other research and expert opinions, provide the knowledge and insight the Center needs to provide tools and assistance to any community or group of communities considering CJS arrangements.

The Center for Sharing Public Health Services is a national initiative managed by the Kansas Health Institute with support from the Robert Wood Johnson Foundation.

### **About the Area**

Yellowstone County, with a population of 154,162 in 2013, is the most populous county in Montana. It is relatively prosperous compared to the rest of the state and the country as a whole, with just 11.9 percent of its population living below the federal poverty level. The county was named after the Yellowstone River, which in turn was named after the yellow sandstone cliffs found in the county. The city of Billings is the county seat.

Carbon County is southwest of and contiguous to Yellowstone County. It had a population of 10,340 in 2013, with 11.0 percent living below the federal poverty level. Only about half of the residents stay in the area year-round. There are six school districts and seven schools in this rural county, which was

named for the rich coal deposits found in the area. Located at the base of the Beartooth Mountains, it has become a tourist destination for people who like outdoor pursuits, like hiking, camping, skiing, and hunting. Beartooth Highway, which extends south from Red Lodge, the county seat, to Yellowstone National Park, was recognized by the late CBS correspondent Charles Kuralt as “the prettiest road in America.”

### **About the Yellowstone/Carbon Counties, Montana, Demonstration Site**

Yellowstone County and the city of Billings were once served by a combined city/county health department. In 2008, it was transformed into RiverStone Health, a special purpose health district that provides public health services to residents of Billings and Yellowstone County as a stand-alone unit of government. It also provides hospice, dental, pharmacy and residency programs.

Carbon County does not employ its own local public health workforce. Instead, county commissioners contract with Beartooth Billings Clinic, a ten bed critical access hospital located in Red Lodge, for some public health services. Carbon County contracts directly (no Beartooth Clinic involvement) with RiverStone Health for environmental health services. The state health department has been contracting for some time directly with RiverStone to provide WIC services in both Yellowstone and Carbon counties. And through its state contract RiverStone also has certain emergency preparedness responsibilities for Carbon County. Each of these shared service areas has its own unique working relationship between the two counties.

John Felton, President and CEO of RiverStone Health, leads this project. The project team is exploring whether additional sharing could improve the efficiency and effectiveness of public health services in the two counties, as well as what could be shared and how to best structure the sharing.

## **SITE VISIT**

### **Site Visit Participants**

#### ***Host team:***

- John Felton: President & CEO, RiverStone Health.
- Barbara Schneeman: Vice President for Communications, RiverStone Health.
- Jen Staton: Program Coordinator, RiverStone Health.
- BeaAnn Melichar: Board of Health, RiverStone Health.
- Kelley Evans, CEO: Beartooth Billings Clinic.
- Roberta Cady: Public Health Coordinator, Beartooth Billings Clinic.
- John Prinkki: Commissioner, Carbon County.
- Greg Neill, Emergency Preparedness Coordinator, Yellowstone County.
- Jean Atherly, Tobacco Prevention Specialist, Carbon County.
- Sheila Boggio, School Nurse, Carbon County.
- Nathan Anderson, Emergency Preparedness Coordinator, Carbon County.
- Gayle Espeseth, WIC Program Manager, Yellowstone and Carbon Counties.

- Josh Juarez, Lead Sanitarian, Yellowstone and Carbon Counties.

***Visitors from five other Shared Services Learning Community Sites attended the site visit:***

- Carson City-Douglas County, Nevada, Team:
  - Marena Works: Deputy City Manager, Carson City.
- Central Oregon CJS Preparedness Team:
  - Ken Fahlgren: Commissioner, Crook County.
  - Mary Goodwin: Public Health Preparedness Coordinator, Deschutes County Health Department.
- Cumberland County, Maine CJS Team:
  - Toho Soma: Health Equity and Research Program Manager, Portland Public Health Division.
- Genesee and Orleans Counties, New York, Team:
  - Ken Oakley: CEO, Lake Plains Community Care Network.
  - Paul Petit: Public Health Director, Genesee and Orleans County Health Departments.
- Minnesota System Wide Team:
  - Diane Thorson: Director, Otter Tail County Public Health.

***Representatives from the Center for Sharing Public Health Services:***

- Pat Libbey: Co-Director, Center for Sharing Public Health Services.
- Gianfranco Pezzino: Co-Director, Center for Sharing Public Health Services.
- Bruce Miyahara: Chair, Center's Technical Advisors Team.

**Site Visit Activities**

The site visit team arrived in Billings, Montana, on Wednesday evening, May 7th. The following morning, they met at RiverStone Health in Billings with the RiverStone Health host team to get background information and context for the site visit. That afternoon, they went to Beartooth Billings Clinic in Red Lodge, Montana, where they met with the clinic's host team. Working relationships and financial arrangements for environmental health, emergency preparedness and WIC were described and discussed. Financial implications for Beartooth Clinic providing public health services also were discussed. The day ended with a windshield tour of Carbon County. The following morning, May 9th, the site visitors and host team members met to discuss leadership issues. The site visit team then met with members of RiverStone Health Board of Health and Carbon County Commissioners to discuss governance issues. In the afternoon, the site visit team participated in a Yellowstone/ Carbon Counties planning team meeting, where following the day's discussion Carbon County made a request to RiverStone Health to conduct a feasibility study about expanding the health district to include Carbon County. The site visit and host teams discussed what would need to be addressed in such a feasibility study. The site visit ended with a debriefing with the host team.

## **OBSERVATIONS**

Site visits provide a valuable learning opportunity, both for the Center staff and for the participants. There is only so much information the Center can gather from reports or phone calls. Meeting with people in their actual environment completes the picture and contributes to a better understanding of the project.

Some observations gleaned by the Center as a result of participating in the site visit are listed below.

### ***The two counties already share some services.***

The two counties share services in other sectors, such as corrections. They also share three public health services. Two of those shared services — WIC and some emergency preparedness — are the result of the state passing through federal funds for both counties to RiverStone Health, which provides the services in both counties. The third, environmental health, results from a contract between Carbon County and RiverStone Health, which provides services for both counties.

### ***The two entities have different governance structures.***

RiverStone Health is a special purpose unit of government under Montana state law with its own governing and policy making board. It provides public health and other services.

The Carbon County Commissioner, which is also the county board of health under Montana state law has contracted for some public health services from Beartooth Billings Clinic, a ten bed critical access hospital located in Red Lodge. The Carbon County Commission also contracts directory with RiverStone Health for environmental health services.

### ***There are different levels of public health funding in the two counties.***

Montana does not provide state general funds for public health. Local governments receive federal funds through the state, but they usually come with a set of conditions and do not support or underwrite general capacity. Local general fund support of public health is at the discretion of local government governing bodies.

Yellowstone County voters approved a property tax levy to support public health dedicated to RiverStone Health. That funding can only be used to provide services in Yellowstone County. Carbon County does not have a similar funding stream for public health services.

### ***Under the current model, there could be fewer public health services in Carbon County in the future.***

Carbon County contracts with Beartooth Billings Clinic, a ten bed critical access hospital located in Red Lodge, for local public health services. Because funding is limited in Carbon County, the model may not be financially sustainable in the future and the Beartooth Billings Clinic is or will be unable to underwrite any difference in the costs of the services provided and the contracted public health payment received, especially so if and when certain overhead and administrative costs are factored in.

***The two counties share population.***

There is a fair amount of travel between the two counties. Many people in Carbon County are employed in Yellowstone County. Residents of both counties visit the other for recreational purposes. Jurisdictional boundaries are not well-defined in resident's minds.

***The state does not play a role in this demonstration site.***

Because there is no public health funding provided by the state, there is not a clear role for the state to play in this demonstration project. However, RiverStone Health leadership is keeping other Montana local health departments informed about this work through the state association of local health directors.

***Area tribes do not seem interested in participating.***

There is a tribal presence in the area. Most of the tribal population and nearly all of the tribal land is located outside Yellowstone and Carbon counties. The project team has not involved the tribe in this work.

## **LESSONS LEARNED**

As a result of participating in this site visit, the Center staff came away with several insights that could be useful in this project and when working with other jurisdictions considering sharing arrangements.

***The team's goals have changed since the grant began.***

The original intent of the project team was to look at individual services the two jurisdictions could share. Over time, they began to look at expanding the health district to include Carbon County.

***The exploratory nature of this project has been extremely useful in encouraging conversation.***

The project team was very clear from the beginning that this is an exploratory endeavor and, therefore, they are only weighing pros and cons of different options. As a result, this openness to explore rather than to produce a specific set of outcomes has allowed them to think strategically and discuss many options. In the time leading up to the site visit, they considered three broad ways they could share additional services: They could take it one service at a time; Carbon County could contract with RiverStone Health for services instead of with Beartooth Billings Clinic; or They could expand the health district to include Carbon County. During the site visit, an initial request was made by Carbon County to conduct a feasibility study about expanding the health district to include Carbon County. The request was approved and the team decided to hire a consultant for implementation.

***All parties must believe they benefit in a sharing arrangement.***

Early on, this project team defined guiding principles. Their first principle is mutual benefit: Anything they consider has to benefit people, public health and stakeholders in each jurisdiction.

***There can be different drivers, as long as there is a shared goal.***

All entities agree that expanding the health district could be mutually beneficial. However, their drivers for coming to that conclusion are different.

Carbon County commissioners are concerned their county, as currently structured and resourced, may not be able to carry out all foundational capabilities for public health in the future and, therefore, they could potentially end up underserving residents relative to accreditation standards or other measures. They also are concerned accreditation would be difficult to achieve on their own and that future federal funding could be based on accreditation status.

Leaders at Beartooth Billings Clinic, which holds the contract for public health services in Carbon County, are concerned the current model may not be financially sustainable in the future.

RiverStone Health in Yellowstone County is concerned with cross-population movement and how public health could be affected if service levels were reduced in Carbon County. For example, they want services to be available for their own citizens when they are in Carbon County. They also know that Carbon County residents would seek services in Yellowstone County if they could not receive them in their own county.

***Funding is an issue.***

In Yellowstone County voters approved a mill levy that provides funding for public health services in Yellowstone County. A guiding principle in this project is that Yellowstone's mill funding must remain in Yellowstone County. It will be important to ensure that voters there do not perceive the money is being used in a way that underwrites services in Carbon County.

If the decision is made to move forward and add Carbon County to the health district, Carbon County commissioners will need to provide adequate funding. Cost is a concern among the commissioners.

***A change management plan and a communication plan could alleviate anxiety.***

While expanding the health district could be a good option for all entities, it may be a difficult change for some staff members, patients and other stakeholders to consider. Staff could worry about losing seniority and authority if they become part of a larger public health district. They also could be concerned their position may no longer be needed. In addition, residents of Carbon County may be concerned about loss of services or inconvenient locations or hours. And residents of Yellowstone County may be concerned their tax dollars would support services in Carbon County.

Moving ahead with the feasibility study could generate anxiety, but a change management plan that details the prospective benefits in each jurisdiction could alleviate concerns. A communication plan could help ensure both internal and external audiences hear the message.

***This work takes time.***

One participant mentioned that working on these issues is sometimes “slow and tedious.” However, there was a clear willingness to examine in detail what may be needed and what might work.

***It will be important to hire the right consultant to conduct the feasibility study.***

The consultant should understand the public health environment in Montana and/or the Western United States. They also should understand urban/rural issues.

**SELECTED COMMENTS AND QUOTES FROM THE SITE VISIT AND FOLLOW-UP  
EVALUATIONS**

*I appreciated hearing of the issue with Yellowstone County and their mill tax when no such [mill tax] for public health was in Carbon County and how to politically deal with this.*

*We are not alone! Political considerations are endemic in these types of projects.*

*When talking to the supervisors in these health departments, it was clear that the smaller needed the help of the larger more than the other way around. Yet, there were benefits for the larger organization as well. It was pointed out that by collaborating with each other for sanitary inspections it could strengthen the department in the larger county and give more consistency to building codes and that services would be more timely.*

*I also would note as a County Commissioner, I do enjoy meeting other Commissioners. I spent a little time talking about the similarities we face on many issues. We talked about public safety and jail space. We are experiencing in our county the need for jail space and are leasing those cells from one of our neighboring counties. We also talked about the need for jobs on our National Forests and expanding the use of our natural resources.*

*Having people without a background in our project and our legal structure makes us be certain that we can clearly explain our project.*

*Helping to overcome the fears of both the small being swallowed and the large supplementing.*

*I found it valuable to learn about the 3 different ways in which the 3 shared services came into being, and how they are administered differently, and what the advantages and disadvantages are with doing things that way.*

*It was interesting to compare similarities and differences between our projects. When all is said and done, it is all about financial return on investment, increased access to services and quality improvement.*

*The Montana Team is comprised of outstanding, committed individuals who want to do the "right thing." I loved meeting them and feel like we are all one big CJS team that is trying to enhance and sustain*

## **SITE VISIT REPORT: MONTANA YELLOWSTONE/CARBON COUNTIES**

*critical public health services. I came away with a new sense of inspiration for our project and am really grateful to have had the opportunity to participate.*

*Offer that the Center's roadmap concepts can cross walk to other joint ventures, or proposed relationships with different stakeholders. It is not isolated to public health.*

*There truly is an integration continuum. The needs and expectations of those in an exploratory phase are quite different from those actively seeking integration.*