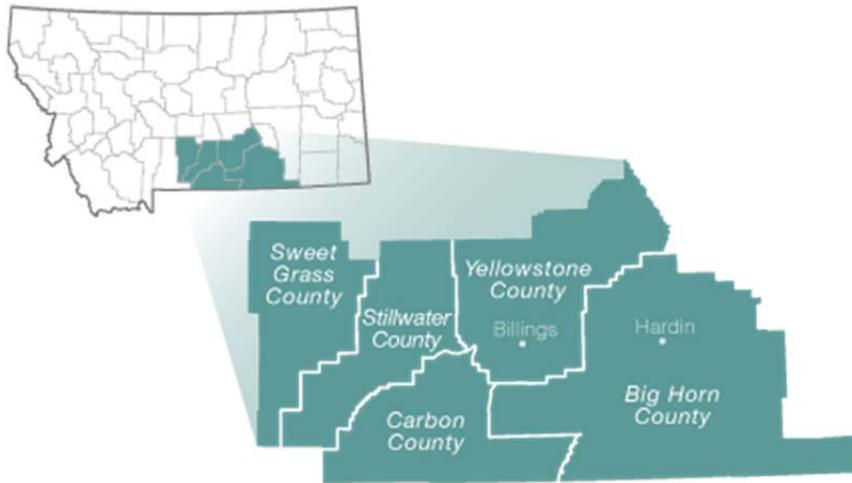


Exploring Cross-Jurisdictional Sharing in Yellowstone and Carbon Counties, MT



Yellowstone County:

Population: 151,882

County seat: Billings

Carbon County:

Population: 10,127

County seat: Red Lodge

Goal: Explore cross-jurisdictional public health sharing capabilities in Yellowstone and Carbon Counties.

Background: Carbon County (CC) and Yellowstone County (YC) provide a unique dichotomy of South Central Montana living. CC residents travel to YC to work and shop, while YC residents travel to CC for recreation in the Beartooth Mountains. Though directly adjacent to each other, their population sizes, as well as the size and structure of the local health departments vary drastically. Local public health is provided by a self-governed health district in Yellowstone County and a private hospital-based but county-governed agency in Carbon County.

Cross jurisdictional public health sharing arrangements already exist between the two counties, including informal or service-related arrangements for: Women, Infants, Children (WIC), Environmental Health, and Public Health Emergency Preparedness (PHEP). The most formal arrangement is the Cities Readiness Initiative (CRI).

Key Activities:

- Improve existing shared public health services
- Analyze cross-jurisdictional sharing models
- Explore new shared public health services
- Engage policy-makers

Guiding Principles for Yellowstone and Carbon Counties Shared Public Health Model:

- Benefits the residents, taxpayers, and public health agencies of both counties such that value of the shared model exceeds the sum of discrete models, and shares and leverages the partners' resources (e.g., money, time, staff, expertise, knowledge, commitment, and reputation).
- Is predicated on and values open communication and collaboration
- Is committed to developing and delivering progressive, future-oriented public health services that are needed, evidence-based, high quality, effective, efficient, and sustainable

Accomplishments to Date:

- Completed site visit
- Gained a mutual understanding of structure, functions, operations, processes, strengths, and weaknesses of public health services in the two jurisdictions
- Legal analysis
- Consideration of differential of per capita public / tax funding for public health in the two jurisdictions and political implications of County tax dollars “crossing the county line”
- Inventory of current services offered by each jurisdiction, including an analysis of satisfaction with both the array of services and scope / extent of those services.
- Beginning to narrow the options for a shared service arrangement: expanding the district is out for now...determined that expansion of the district to include a second county is legally possible but impractical right now from political, economic, and governance perspectives but developed a process to consider other options to enhance and streamline services (e.g., contract management / performance of services in Carbon County by RiverStone Health)

Team members:

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