

RWJF ID#: 70625

Team Name: Yellowstone and Carbon Counties

Major Activities: This team sought to identify a CJS model that would leverage the resources, expertise and infrastructure of Carbon County Health Department and RiverStone Health (Yellowstone County's health department) to execute public health activities in an efficient and effective manner to improve the health of residents in Carbon County and Yellowstone County.

The team systematically explored a number of aspects related to CJS efforts, beginning with identifying political concerns regarding CJS --particularly between health departments and jurisdictions of substantially different size and infrastructural capacity. Facilitated discussions between policymakers and key public health staff yielded the following guiding principles:

- A CJS model must benefit the residents, taxpayers and public health agencies of both counties such that the 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).
- A CJS model is predicated on and values open communication and collaboration.
- A CJS model is committed to developing and delivering progressive, future-oriented public health services that are needed, evidence-based, high-quality, effective, efficient and sustainable.

The team also examined different CJS models, with a focus on those involving health departments of differing sizes, and identified components of each that could meet the needs of the team. The team agreed that the following three types of CJS arrangements warranted further exploration:

- Carbon County purchases discrete public health services from RiverStone Health (an "a la carte" approach).
- Carbon County contracts with RiverStone Health to provide all public health services.
- RiverStone Health expands its health district to include Carbon County and five cities.

A next step was to complete an analysis of the legal and policy issues related to the potential models, beginning with the expansion of the existing health district. After a great deal of discussion and consideration, the team realized that although expanding the health district was legally possible, it was impractical from political, economic, and governance standpoints.

As the other options were deemed feasible for further consideration, the team produced an inventory of public health services offered in Carbon County as well as an inventory of public health services offered in Yellowstone County. The team used the inventory as a basis to undertake the following:

- Determine if there is potential to increase the efficiency and effectiveness of any of the services offered in both counties.

- Consider possible benefits to expanding services offered by only one of the counties to the other jurisdiction.
- Gauge interest in joining forces to start new services not currently offered in either county.

The inventory revealed that the scope of the services being offered in Carbon County mirrors the scope of the services being offered in Yellowstone County. The difference was the greater breadth of services provided by RiverStone Health, much of which was attributable to the mill levy in Yellowstone County that pays for public health services.

The team ultimately decided not to pursue any new CJS arrangement at this point in time, due to higher costs that Carbon County would incur for the expanded breadth of services that RiverStone Health offers. Riverstone Health was not interested in developing a lower tier of services, and Carbon County could not afford to pay more for public health.

Accomplishments: The lack of a pre-determined end point of the project gave the team the freedom to explore and discuss CJS options in a way that might otherwise not have been possible. The transparent and productive nature of the discussions have provided a foundation for future discussions about potential collaborations.

The Carbon County commissioners gained a better understand public health by virtue of participating in this project. In addition, this initiative is opening up a much broader dialogue across the state. Montana has 56 separately incorporated counties and seven population centers, with some frontier areas. County commissioners in those smaller jurisdictions are part-time and often struggle to understand public health and how to deliver quality services to their residents in an affordable manner. At a recent meeting of the Montana Association of Counties' health committee, several commissioners from smaller counties expressed an interest in public health services.

Finally, RiverStone Health better understands what is required for providing public health services in a low population area. This knowledge may be helpful in the future if Montana's state health department provides incentives for CJS arrangements – something that is under discussion.

Challenges: As with any situation in which a larger, more urban jurisdiction is in discussions with a neighboring rural jurisdiction about shared services, some early concerns of a "hostile takeover" were held by some stakeholders in Carbon County. Intentional emphasis on the exploratory nature of the project helped to dispel these myths. On the other side, RiverStone Health leaders expressed uncertainty several times about what they had to gain through a new CJS arrangement with the smaller county, particularly given a prevailing concern that some of the county's mill levy would support services in Carbon County. Ultimately, the RiverStone Health leadership was convinced that its organization would be a stronger entity if it expanded its service provision and they understood that any CJS proposal would require Carbon County to pay its full share.