



May 30, 2019

Overview of Cascade City-County Health Department Re-Organization Analysis Presented at a Joint City-County Commission Meeting on May 30, 2019

Introduction

The Cascade City-County Health Department (CCHD) is currently structured as a county Department under the Board of Cascade County Commissioners (BOCC). The CCHD consists of four Divisions - Prevention Services, Environmental Health, Family Health Services and Administrative Services. Funding for the CCHD operation is a combination of \$550,000 in tax revenues from rural residents (living outside the Great Falls city limits), an annual \$250,000 allocation from the City of Great Falls (from property tax levies on residents within the city limits), fees for services (ie. Septic System permits) and federal-state-private grants. The Family Health Services Division is primarily grant-funded, and a \$63,000 match requirement is funded by the county from tax revenues.

Brief History

For many years, the CCHD was a combined Department with the Public Health Officer (PHO) supervising both public health functions, as well as the federally- funded Community Health Care Center (CHCC-Clinic). Since 1994, the CHCC-Clinic had been operating under a co-applicant agreement between Cascade County - the Clinic Board of Directors - and the Health Resources and Services Administration (HRSA). In late 2010, HRSA who provides federal funding and oversight for Federally Qualified Healthcare Center (FQHCs), directed Cascade County to separate the CHCC-Clinic from the CCHD and hire a CEO dedicated solely to the FQHC operation. In 2012, this directive was accomplished, and both the CCHD and CHCC remained co-located at 115 4th Street South. The CHCC-Clinic Board of Directors had long been exploring the idea of dissolving the co-applicant agreement, separating the CHCC from the county and becoming an independent non-profit Clinic operation under HRSA. An amicable separation was made at the end of 2018, and the CHCC-Clinic re-branded their name as *Alluvion Health*. *Alluvion Health* officially became an independent operation on January 1, 2019. All CHCC-Clinic county employees who wished to transition to *Alluvion Health* were offered positions in the new organization; others either retired or sought other employment.

In late February 2019, the City-County Public Health Officer (PHO) accepted a position with *Alluvion Health* and left county employment. To ensure continuity of services, Cascade County temporarily outsourced public health administrative oversight and PHO duties to *Alluvion Health* under a short-term contract effective February 22, 2019 through August 31, 2019, unless the PHO position was filled sooner. This arrangement allowed the former PHO to continue serving as the interim PHO and meet MCA requirements.

In late March 2019, *Alluvion Health* presented the County Commissioners with a proposal to permanently provide the communities' public health services. This proposal precipitated a rapid, yet thorough, analysis with the following priorities:

1. Mandated public health services would be satisfactorily provided to Cascade County citizens;
2. County employee salaries/benefits would be similar if a transition to non-county employment status occurred; and

3. Taxpayers would not be irreparably impacted by this proposed change.

Process

The BOCC has engaged in the following series of meetings/correspondence since late March:

1. Meetings with the Miles City FQHC (*OneHealth*) which is currently providing public health services for Custer County, and has served as a model for *Alluvion Health's* proposal
2. An all-employees meeting with CCHD
3. Individual meetings with each CCHD Division Manager (Prevention Services, Environmental Health, Family Health Services and Administration), key staff members, with *Alluvion Health* also in attendance
4. Discussion with the BOH members at their May 2019 meeting
5. Meeting with the DPHHS Public Health and Safety Division Head and the Communicable Disease Control and Emergency Preparedness/Training Bureau Chief and representatives from the BOH
6. Conference call with the Flathead PHO who provides contracted services to the county

Findings

Following is a summation of the findings of the BOCC.

FQHC Mission is changing

- FQHCs are being directed to engage in a whole health model of services, population health or community health
- FQHCs are expanding services and duplicating the traditional CCHD health services – immunizations, emergency preparedness, family health services, home visiting, STD treatment, adult and pediatric behavioral health, educational programming and even WIC
- FQHC services will ultimately impact the traditional revenue sources that the CCHD relies upon for operations
- FQHCs have greater flexibility to quickly expand programming under the National Health Service Corps (NHSC) and greater reach to the public through public school branch clinics
- FQHCs can offer training, certification and technical assistance to public health employees
- Many FQHCs on the east and west coasts are managing Public Health operations. In Montana both *Riverstone* CHCC (Billings) and the Custer County CHCC (*OneHealth* in Miles City) are providing community public health services
- The current relationship between the *Alluvion Health* leadership team and the CCHD staff, coupled with the PHO vacancy, makes this an opportune time to consider the transition
- FQHCs can increase the number of billable services and offer less expensive patient rates due to their sliding scale fees
- *Alluvion Health* providers qualify for the Montana State Loan Repayment Program, as well as the NHSC scholarship program making recruitment and retention more favorable
- CCHD operations could continue seamlessly if services were outsourced to *Alluvion Health*
- FQHCs generally provide higher wages for employees (especially nurses) than counties can afford

Public Health Services emphasis is also changing

- The traditional CCHD patient-centered health model is being replaced by a community-based public health mission. Public Health emphasis is moving towards education and access to care/immunizations regardless of where those services are provided – pharmacies, FQHCs, clinics, schools, etc. . .