

Cascade County Health Department in Crisis

Can Leadership Save It?

WRITTEN BY
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The Cascade County City-County Health Department (CCHD) in Great Falls is entering Fiscal Year 2026 teetering on the edge. A combination of financial shortfalls, staffing cuts, and political gridlock now threatens the health and safety of Cascade County residents.

Financial Crisis and Vanishing Funds

The CCHD is drowning in **red ink**. Temporary COVID-19 relief money has dried up, leaving behind a structural budget deficit. Expenses now exceed revenues, and the department is relying heavily on dwindling county reserves and one-time grants. Inflation continues to drive up the cost of supplies and utilities, while federal cuts—such as a \$62,000 reduction to the Montana Cancer Control Program—further tightens the noose.

Why Isn't There a Clear Picture of the Deficit?

The county's FY2026 budget, adopted September 4, 2025, allocates just \$1.2 million to CCHD, representing a small share of Cascade County's 9.94% reduced spending plan. With no new revenue sources identified, serious questions remain: is the deficit temporary, or the start of a permanent downward spiral?

Staffing Shortages, Layoffs and Service Cut and Stretched Thin

Since May 2025, three full-time positions—a public health nurse, an administrative assistant, and an environmental health specialist—have been eliminated. Four more positions remain unfilled. With only 18 full-time staff remaining (down from 25), essential programs like Women, Infants and Children (WIC) nutrition services, immunizations, and environmental inspections are buckling under the stress.

Dietitians and educators are stretched thin, while delayed hiring for roles such as the Buckle Up Car Seat Coordinator (vacant since January) and a Parents as Teachers home visiting position (open since October 2024) raises concerns about the county's budgeting approach.

Even the Communications and Privacy Officer role—critical for HIPAA compliance—has been cut. Can CCHD continue to function on a skeleton crew? And who is accountable for these reductions?

Essential Services at Risk-What Happens If These Services Collapse?

Funding volatility is hitting vulnerable residents first. The cancellation of a \$44,800 home visiting initiative, along with reduced WIC support, jeopardizes low-income families. Immunizations, disease prevention efforts, and emergency response readiness are also under strain just as demand rises in the post-pandemic environment.

If these services collapse, the fallout could be devastating for public health.

Political Gridlock and Outdated Agreements-Why Can't the City and County Agree on Funding? Who Is Holding Up Solutions?

Longstanding disputes between the City of Great Falls and Cascade County over the 1975 City-County Health Department Agreement are paralyzing progress. A 2021 state law (House Bill 121) shifted oversight from the Board of health to a governing board sparking lawsuits that were only resolved in July of 2024. The agreement requires joint approval of CCHD's budget by both commissions, but many of its provisions have gone unenforced for years.

In practice, Cascade County has slashed its contributions without equivalent cuts by the City. The county's per-capita support for rural residents has dropped from about \$52.49 in 2022 to just \$8.74 in FY2025. Meanwhile, Great Falls residents paid \$4.17 per capita, compared to rural residents' higher share and the CCHD limps along, underfunded and understaffed. Critics say these unilateral county cuts have deepened CCHD's deficit and left services in limbo. Without cooperation, the department risks further decline.

Is County Leadership Equipped to Overcome These Challenges?

While county officials point the finger at program funding being cut at the federal level, mismanagement and downfalls at the local level are stirring the most controversy.



Before 1945, state law only provided for separate, City and County Boards of Health. Even in that time, Cascade County and the City of Great Falls cooperatively coordinated local public health administration through a contractual arrangement providing for joint funding of the County Health Board and subordinate County Health Department. In 1967, legislation changes provided for staggered terms of appointment for appointed board members. In 1975, the City of Great Falls and Cascade County approved a new City-County Health Department Agreement. Ratifying a new agreement was, in part, also brought forward to recognize the city's official change to a commission-manager form of government which took place in 1973.

The City-County Health Department currently operates under the 1975 Agreement with officials admitting there are provisions of the agreement that haven't been followed for years. Under that agreement, the Board of Health (BOH) is to submit the departments' budget to both the County and City Commissions for approval each fiscal year. The Agreement further recognizes that, *"The division of expenses of the BOH shall be mutually agreed upon by said County and said City, but any fund appropriated by said City shall be paid to the Treasurer of said County, who shall disburse the same as County funds; that the City's share of said expense shall be contributed from time to time as may be required . . ."* The 1975 City-County Health Department Agreement, meant to balance funding between Great Falls and Cascade County, is outdated and ignored.

In total dollars, the City of Great Falls provides \$250,000 to fund public health as opposed to rural citizens of Cascade County providing \$96,335 and county-wide, including City residents, provided an additional \$357,758. Consequently, in FY2025, City of Great Falls residents paid \$4.17 per capita vs. the rural residents of Cascade County who paid \$8.74 per capita.

As recent as 2022, Commissioner Joe Briggs quoted the per capita rate for rural citizens was $+\$52.49$. This drastic reduction of per capita contribution is due to a reduction of rural mills appropriated to the Health Department fund. Additionally, transfers into the Health Department from the County General Fund and the Permissive Levy Fund have been reduced significantly.

These unilateral County cuts (slashing rural per capita contributions from \$52.49 in 2022 to \$8.74 in FY2025), have deepened the deficit without City buy-in. A one-sided conversation is taking place with detrimental ramifications to those who need the services of the CCHD. This unilateral stripping of funding by the County appears to be exacerbating the downfall of the Health Department.

Will the governing bodies of the CCHD include the taxpayer in decisions before further dissention of health services?

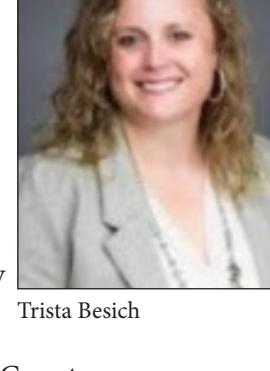
County Chief Finance Officer

After the retirement of the Budget Officer in 2022, Cascade County Commissioner Joe Briggs independently performed budgeting duties and operations.

Five candidates were interviewed for this position between

November, 2023 and May

of 2024.



Trista Besich

In June of 2024, Cascade County Commissioners hired Trista Besich, after a controversial tenure as CEO of Alluvion Health. Besich receives a salary of \$126,539. Previous to Alluvion, she managed Great Falls Clinic (2010-2015) as Accounting Supervisor and Revenue Cycle Manager.

At Alluvion, Besich presided over a series of crises: a \$40 million Rocky Mountain Building renovation plagued by overruns and \$4.4 million in liens, Medicaid reimbursement delays, staff

furloughs in 2023, and a federal billing probe tied to Cascade County jail inmates.

Now managing a county budget with a \$19.7 million deficit, Besich is charged with overseeing a \$1.2 million shortfall and \$1.1 million oversight gap at CCHD which is forcing service cuts. Her oversight ability is questioned as she prioritizes roles and seeks funds, but her track record fuels doubts on managing the County's fiscal crisis. Closed-session hiring discussions, coupled with her abrupt exit from Alluvion, have only fueled skepticism about transparency.

As CFO, Besich is directly involved in shaping the County's response to these cuts, including prioritizing which positions remain vacant or advocating for grant funding to restore roles. Her decisions directly impact the Health Department's capacity, and any missteps could exacerbate service delays or public dissatisfaction.

The high-profile pause on the Rocky Mountain Building project and the federal billing investigation under her leadership at Alluvion Health raise questions about her financial management skills. Critics might argue she oversaw ambitious projects without securing sustainable funding, leading to layoffs and furloughs similar to those now hitting the Health Department.

The layoffs and unfilled positions, enacted shortly after Besich became CFO, may be viewed as a continuation of the cost-cutting measures seen at Alluvion. If these decisions seem rushed or poorly communicated, they could erode public confidence, especially if services like WIC or disease surveillance suffer.

Public Health Officer

In December of 2021, Trisha Gardner left the position of Cascade County Health Officer after 2 years in the position. Her position was left vacant until May of 2022, due to the Cascade County Commissioner's refusal to fill said seat until an interpretation of recent legislation regarding Boards of Health was received by the District Court.

Prior, that same year, House Bill 121, passed in the 2021 legislative session. This bill narrowed the authority to oversee a local Health Department to a governing board rather than the Board of Health. Differing interpretations by the City of Great Falls and the County led to the City requesting a legal interpretation by the District Court. Upon ruling, the County filed an appeal to the State Supreme Court, disagreeing with the ruling. It was not until July of 2024 the Supreme Court eventually ruled in favor of the initial District Court ruling of 2022.

Although a final determination in the lawsuits persisted until 2024, urging by Board of Health members to fill the Public Health Officer position was ultimately acknowledged by County Commissioner Joe Briggs who also served on the Board of Health, when Abigail Hill was hired in May of 2022.



Abigail Hill

The minimum requirements for a Health Officer position in Montana, specifically for a local Health Officer, are outlined in Montana state law (MCA 50-2-116). The local Board of Health recommends the appointment of a candidate to the governing body who meets one of the following:

A physician (i.e., holds a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) degree and is licensed to practice in Montana).

A person with a master's degree in Public Health.

A person with equivalent education and experience, as determined by the Montana Department of Public Health and Human Services.

These are the statutory minimums; individual counties or city-county boards may impose additional criteria (e.g., relevant professional experience or licensure) through their hiring processes.

One of the 3 interviewees was an out-of-state



epidemiologist and Public Health researcher, with a focus on environmental health risks, maternal and child health, and disease epidemiology. This individual held a medical degree (MD) and a Master's in Public Health (MPH), which positioned her as a strong candidate for leadership. That same candidate had co-authored several peer-reviewed studies whereby the work often involved data analysis, risk assessment, and collaboration with institutions like Georgetown University and George Washington University. Past work with the Center for Epidemiology and Environmental Health in Washington, D.C., and the Centers for Disease Control and Prevention (CDC), this applicant managed budgets and Public Health initiatives.

Prior to becoming Public Health Officer, the chosen candidate, Abigail Hill, served for 5 years with the City-County Health Department as a Public Health Nurse in Family Health Services. Hill currently receives a salary of \$111,632. A year after accepting the position of Public Health Officer, when asked what was most challenging during her transition, Hill said it was the budgeting aspects due to the number of programs and grants associated with them.

Can Hill navigate this crisis or will the crises become overwhelming without prior experience and a proven track record?

A Narrow Line For The Future

The Cascade County Health Department's survival hinges on bold action. Partnerships

with local organizations and state/federal funding are being explored, but time is running out. Residents deserve transparency on the deficit's scope, a plan to restore staff, and a unified city-county strategy.

Will Cascade County's leaders step up, or will the Health Department's downward trend leave the community vulnerable?

This is a crisis in motion. Contact the CCHD Board of Health for answers. Demand them now. 